

REMITTANCE
ADVICE

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-04-03
EFT #: 156071230250404
TAX ID #: 272620668

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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME GOLDSMITH, ABIGAIL LYN HIC H41619040 ACNT 4397LMD642 ICN 820250800622543 ASG Y MOA														
1013940584	0123	012325	11	1	99214	25		241.68	120.84	0.00	0.00	CO-253	2.32	113.52
												CO-45	120.84	
												PR-3	5.00	
1013940584	0123	012325	11	1	99204		HCPI: RECONSIDERATION	337.00	0.00	0.00	0.00	CO-97	337.00	0.00
							REM: N19							
							HCPI: RECONSIDERATION							
1013940584	0123	012325	11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
												CO-45	9.74	
							HCPI: RECONSIDERATION							
1013940584	0123	012325	11	1	3074F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1013940584	0123	012325	11	1	3078F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1013940584	0123	012325	11	1	G9622			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1013940584	0123	012325	11	1	G8510			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1013940584	0123	012325	11	1	G0442	XU		15.90	0.00	0.00	0.00	CO-B13	15.90	0.00
							HCPI: RECONSIDERATION							
1013940584	0123	012325	11	1	G0442	XU		13.78	0.00	0.00	0.00	CO-45	13.78	0.00
							REM: N381							
							HCPI: RECONSIDERATION							
1013940584	0123	012325	11	1	G0444	XU		15.90	0.00	0.00	0.00	CO-B13	15.90	0.00
							HCPI: RECONSIDERATION							
1013940584	0123	012325	11	1	G0444	XU		13.23	0.00	0.00	0.00	CO-45	13.23	0.00
							REM: N381							
							HCPI: RECONSIDERATION							
1013940584	0123	012325	11	1	G0439			2.44	0.00	0.00	0.00	CO-253	2.44	0.00
							HCPI: RECONSIDERATION							
1013940584	0123	012325	11	1	G0439	XU		119.41	0.00	0.00	0.00	CO-B13	119.41	0.00
							HCPI: RECONSIDERATION							
1013940584	0123	012325	11	1	G0444	XU		0.32	0.00	0.00	0.00	CO-253	0.32	0.00
							HCPI: RECONSIDERATION							
1013940584	0123	012325	11	1	G0439			239.15	0.00	0.00	0.00	CO-45	239.15	0.00
							REM: N381							
							HCPI: RECONSIDERATION							
1013940584	0123	012325	11	1	G0442	XU		0.32	0.00	0.00	0.00	CO-253	0.32	0.00
							HCPI: RECONSIDERATION							
PT RESP		5.00			CLAIM	TOTALS		1024.13	136.10	0.00	0.0			

HUMANA INC.

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BYRON CENTER FAMILY MEDICINE [941242]

PAGE #: 2 of 2

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ADVICE

DATE: 2025-04-03

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VAN BRUNT, BETTE J		HIC		H59158861		ACNT 5095LMD642		ICN 820250650659262		ASG Y		MOA
INSURED NAME: VANBRUNT, BETTE J												
1306898036	0304	030425	11	1	G2211		25.00	0.00	0.00	0.00	CO-16	25.00 0.00
REM: MA66												
HCPI: RECONSIDERATION							446.00	0.00	0.00	0.00	CO-B15	446.00 0.00
1306898036	0304	030425	11	1	99496							
HCPI: RECONSIDERATION							0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	11	1	3075F							
HCPI: RECONSIDERATION							0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	11	1	3078F							
HCPI: RECONSIDERATION							0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	11	1	3008F							
HCPI: RECONSIDERATION							0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	11	1	2001F							
HCPI: RECONSIDERATION							0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	11	1	2000F							
HCPI: RECONSIDERATION							0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	11	1	1000F							
HCPI: RECONSIDERATION							0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	11	1	1159F							
HCPI: RECONSIDERATION							0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	11	1	1160F							
HCPI: RECONSIDERATION							0.00	0.00	0.00	0.00		0.00
PT RESP		0.00		CLAIM TOTALS			471.00	0.00	0.00	0.00		471.00 0.00
ADJ TO TOTAL: PREV PD				INTEREST			0.00		LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: MEDICARE ADVANTAGE PPO												
STATUS CODE 1: Processed as Primary												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	1495.13	136.10	0.00	0.00	1366.66	128.47	0.00	128.47

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

CO-253 Sequestration - reduction in federal spending

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

CO-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.

CO-B15 Payment adjusted because this service / procedure requires that a qualifying service / procedure be received and covered. The qualifying other service / procedure has not been received / adjudicated.

MA66 Missing / incomplete / invalid principal procedure code.

N19 Procedure code incidental to primary procedure.

N381 Consult our contractual agreement for restrictions / billing / payment information related to these charges.

PR-3 Co-payment Amount

