BYRON CENTER FAMILY MEDICINE 7740 BYRON CENTER AVE SUITE 202

STATUS CODE 22: Reversal of Previous Payment

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-06-05
EFT #: T3920824
TAX ID #: 272620668

REND PROV S	SERV DATE	POS	Nos	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PD
NAME KASPER,	OSMON L		HIC	97063	32216 ACN	T 6395LMD64	:2	ICN KI	EN6937700	500 ASG	Y MOA	
1013940584 0	0514 051425	11	1	99214	25	241.68	120.84	0.00	0.00	CO-45	120.84	84.13
										CO-253	1.71	
										PR-3	35.00	
1013940584 0	0514 051425	11	1	G0446	XU	65.00	30.94	0.00	12.38	CO-45	34.06	18.19
										CO-253	0.37	
1013940584 0	0514 051425	11	1	99401	25	65.00	0.00	0.00	0.00	PI-96	65.00	0.00
					REM: N174							
1013940584 0	0514 051425	11	1	G0447	XU	65.00	30.94	0.00	12.38	CO-45	34.06	18.19
										CO-253	0.37	
1013940584 0	0514 051425	11	1	0513F		0.00	0.00	0.00	0.00			0.00
1013940584 0	0514 051425	11	1	G8420		0.00	0.00	0.00	0.00			0.00
1013940584 0	0514 051425	11	1	G8427		0.00	0.00	0.00	0.00			0.00
1013940584 0	0514 051425	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1013940584 0	0514 051425	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1013940584 0	0514 051425	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1013940584 0	0514 051425	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1013940584 0	0514 051425	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1013940584 0	0514 051425	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1013940584 0	0514 051425	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1013940584 0	0514 051425	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	59.76			CLAIM	TOTALS	436.68	182.72	0.00	24.76		291.41	120.51
ADJ TO TOTAL	: PREV PD				INTEREST	0.00	LATE	FILING (CHARGE	0.00	NET	120.51
PLAN TYPE: S	STEELCASE											
STATUS CODE	1: Processe	ed a	s Pri	imary								
NAME VANVALK	TEMBLIDG .TAI	MEG	р штс	1 16373	199489902900	ACMT 6099T	MD642	т,	CN OEB3698	3620103	ASG Y	MOA
1013940584 0				3075F	33403302300	0.00	0.00	0.00	0.00	3020103	ADG I	0.00
1013940584 0				3078F		0.00	0.00	0.00	0.00			0.00
1013940584 0				3008F		0.00	0.00	0.00	0.00			0.00
1013940584 0				2001F		0.00	0.00	0.00	0.00			0.00
1013940584 0				2001F		0.00	0.00	0.00	0.00			0.00
1013940584 0				1000F		0.00	0.00	0.00	0.00			0.00
1013940584 0				1159F		0.00	0.00	0.00	0.00			0.00
1013940584 0				1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				TOTALS	0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL				CLIMIN	INTEREST	0.00		FILING (0.00	NET	0.00
PLAN TYPE: A					14157591	0.00	TAIE	LILLING (CHARGE	0.00	1417.1	0.00
CENTIC CODE		-1 -	f Dwa		Darmont							



UNITED HEALTHCARE INSURANCE COMPANY

REMITTANCE 1982923660 NPI #: BYRON CENTER FAMILY MEDICINE ADVICE

EFT #: T3920824 PAGE #: 2 of 2 DATE: 2025-06-05

REND PROV	SERV	DATE	POS	NOS	PRO	C MOD	S	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PD
NAME VANVA	LKENB	URG, JA	MES	P HIC	99489	99029	ACNT	6099LMD6	42	ICN (OEB0026116	500 ASC	Y MOA	
1013940584					99214			219.00	120.84	0.00	0.00	CO-45	98.16	98.83
												CO-253	2.01	
												PR-3	20.00	
1013940584	0429	042925	11	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.96
101071000	. 0123	012323		_	02222			23.00	13.10	0.00	0.00	CO-253	0.30	11.50
1013940584	0420	042025	11	1	00447	VII		65.00	30.94	0 00	0.00	CO-45	34.06	30.33
1013340364	0429	042925	11		G0447	ΛU		65.00	30.94	0.00	0.00			30.33
				_								CO-253	0.61	
1013940584	0429	042925	TT	1	99401			65.00	0.00	0.00	0.00	PI-96	65.00	0.00
						REM:	N174							
1013940584	0429	042925	11	1	G0446	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.33
												CO-253	0.61	
1013940584	0429	042925	11	1	0513F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	G8417			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584				1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584					3008F			0.00	0.00	0.00	0.00			0.00
1013940584					2001F			0.00	0.00	0.00	0.00			0.00
1013940584					2001F			0.00	0.00	0.00	0.00			0.00
1013940584					1000F			0.00	0.00	0.00	0.00			0.00
1013940584					1159F			0.00	0.00	0.00	0.00			0.00
1013940584			11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	20.	00			CLAIM	TOTALS		439.00	197.98	0.00	0.00		264.55	174.45
ADJ TO TOT	'AL: P	REV PD				INTE	REST	0.00	LATE	FILING	CHARGE	0.00	NET	174.45
PLAN TYPE:	AT&T	INC.												
STATUS COL	E 1:	Process	ed a	s Pri	mary									
					=									
NAME VANVA	LKENB	URG, JA	MES	P HIC	99489	99029	ACNT	6099LMD6	42	ICN (OEB3698620	100 ASC	Y MOA	
1013940584					99214			-219.00	-98.83	0.00	0.00	CO-45	-98.16	-98.83
												CO-253	-2.01	
												PR-3	-20.00	
1013940584	0429	042925	11	1	G2211			-25.00	-14.96	0.00	0.00	CO-45	-9.74	-14.96
1013340304	0423	042323			GZZII			-25.00	-14.90	0.00	0.00	CO-253	-0.30	-14.30
1012040504	0420	042025	11	- 1	00447	3277		CF 00	20 22	0 00	0 00			20.22
1013940584	0429	042925	TT	1	G0447	ΧU		-65.00	-30.33	0.00	0.00	CO-45	-34.06	-30.33
				_								CO-253	-0.61	
1013940584	0429	042925	11	1	99401			-65.00	0.00	0.00	0.00	PI-96	-65.00	0.00
						REM:	N174							
1013940584	0429	042925	11	1	G0446	XU		-65.00	-30.33	0.00	0.00	CO-45	-34.06	-30.33
												CO-253	-0.61	
1013940584	0429	042925	11	1	0513F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	G8417			0.00	0.00	0.00	0.00			0.00
1013940584					G8427			0.00	0.00	0.00	0.00			0.00
1013940584					3075F			0.00	0.00	0.00	0.00			0.00
1013940584					3078F			0.00	0.00	0.00	0.00			0.00
1013940584					3078F			0.00		0.00	0.00			0.00
									0.00					
1013940584					2001F			0.00	0.00	0.00	0.00			0.00
1013940584					2000F			0.00	0.00	0.00	0.00			0.00
1013940584					1000F			0.00	0.00	0.00	0.00			0.00
1013940584				1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.	00			CLAIM	TOTALS		-439.00	-174.45	0.00	0.00		-264.55	-174.45
ADJ TO TOT	'AL: P	REV PD				INTE	REST	0.00	LATE	FILING	CHARGE	0.00	NET	-174.45
PLAN TYPE:										3.0	-			
STATUS COL			al o	f Pre	vious	Paymen	t							
	•			`			-							
TOTALS:	# OF	В	ILLE	D	ALL	OWED	DED	UCT	COINS	TOTAL	PROV	PD	PROV	CHECK

TOTALD.	# OF	טבטטבט	RUHOWED	DEDUCI	COTIND	IOIAL	FROV FD	FROV	CILECIC
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	4	436.68	206.25	0.00	24.76	291.41	120.51	0.00	120.51

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

CO-253 Sequestration - reduction in federal spending

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

This is not a covered service / procedure/ equipment / bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'. N174

PI-96 Non-covered charge(s). PR-2 Coinsurance Amount

PR-3 Co-payment Amount

