

UNITED HEALTHCARE INSURANCE COMPANY []
9900 BREN ROAD
MINNETONKA, MN 553439664
(877)842-3210

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE
7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-07-30
NONPAY #: W330411417
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME NATIVIDAD, ALLEN			HIC 925506298		ACNT 7446LMD642	ICN FE66568825		0141530190		ASG Y	MOA MA15
INSURED NAME: NATIVIDAD, ALLEN J											
1013940584	0714	071425 11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425 11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425 11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425 11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425 11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425 11	1	1000F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	0.00
PLAN TYPE: CHOYC+											
STATUS CODE 1: Processed as Primary											

NAME NATIVIDAD, ALLEN			HIC 925506298		ACNT 7446LMD642	ICN FE66568825		0141530192		ASG Y	MOA MA15
INSURED NAME: NATIVIDAD, ALLEN J											
1013940584	0714	071425 11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425 11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	0.00
PLAN TYPE: CHOYC+											
STATUS CODE 1: Processed as Primary											

NAME LOMONACO, ALAINA J			HIC 981551878		ACNT 7580LMD642	ICN FE95967921		0345614935		ASG Y	MOA MA15
1013940584	0418	041825 11	1	99213		146.00	0.00	0.00	0.00	CO-29	146.00
PT RESP		0.00	CLAIM TOTALS			146.00	0.00	0.00	0.00	146.00	0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	0.00
PLAN TYPE: CHOYC+											
STATUS CODE 1: Processed as Primary											

NAME LOMONACO, ALAINA J			HIC 981551878		ACNT 7580LMD642	ICN FE95967921		0345614938		ASG Y	MOA MA15
1013940584	0418	041825 11	1	G8427		0.00	0.00	0.00	0.00		0.00
1013940584	0418	041825 11	1	G8476		0.00	0.00	0.00	0.00		0.00
1013940584	0418	041825 11	1	G8420		0.00	0.00	0.00	0.00		0.00
1013940584	0418	041825 11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0418	041825 11	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0418	041825 11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0418	041825 11	1	2001F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	0.00
PLAN TYPE: CHOYC+											
STATUS CODE 1: Processed as Primary											

NAME LOMONACO, ALAINA J			HIC 981551878		ACNT 7580LMD642	ICN FE95967921		0345614944		ASG Y	MOA MA15
1013940584	0418	041825 11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0418	041825 11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0418	041825 11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0418	041825 11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	0.00
PLAN TYPE: CHOYC+											
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
	5	146.00	0.00	0.00	0.00	146.00	0.00	0.00	0.00

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

CO-29 The time limit for filing has expired.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

