

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: 2025-03-19  
 EFT #: W316634232  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	NATIVIDAD, ALLEN J		HIC	925506298	ACNT	5091LMD642			ICN	EY06993866	0140570326	ASG Y MOA MA15
	1013940584	0304 030425	11	1	99214		219.00	102.87	0.00	0.00	CO-45	116.13 72.87
											PR-3	30.00
PT RESP	30.00				CLAIM TOTALS		219.00	102.87	0.00	0.00		146.13 72.87
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 72.87
PLAN TYPE: CHOYC+												
STATUS CODE 1:	Processed as Primary											

NAME	KEENA, SARAH J		HIC	916321068	ACNT	5147LMD642			ICN	EY18534707	0124570556	ASG Y MOA MA15 N367
	1013940584	0307 030725	11	1	99396		327.00	112.48	0.00	0.00	CO-45	214.52 112.48
	1013940584	0307 030725	11	1	99214 25		241.68	51.44	51.44	0.00	CO-45	190.24 0.00
	1013940584	0307 030725	11	1	36415		20.00	1.26	1.26	0.00	CO-45	18.74 0.00
	1013940584	0307 030725	11	1	99406 XU		27.06	0.00	0.00	0.00	CO-4	27.06 0.00
	1013940584	0307 030725	11	1	96127 XU		40.00	6.06	0.00	0.00	CO-45	33.94 6.06
	1013940584	0307 030725	11	1	96127 XU		40.00	6.06	6.06	0.00	CO-45	33.94 0.00
PT RESP	58.76				CLAIM TOTALS		695.74	177.30	58.76	0.00		518.44 118.54
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 118.54
PLAN TYPE: CHOYC+												
STATUS CODE 19:	Processed as Primary, Forwarded to Additional Payer(s)											
CLAIM INFORMATION FORWARDED TO:	UNITED HEALTHCARE SERVICESINC.											

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	914.74	280.17	58.76	0.00	664.57	191.41	0.00	191.41

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

CO-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.  
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
 MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.  
 N367 Alert: The claim information has been forwarded to a Consumer Spending Account processor for review; for example, flexible spending account or health savings account.  
 PR-1 Deductible Amount  
 PR-3 Co-payment Amount

