

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: 2025-08-14
 EFT #: T7464131
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KASPER, JUDY L		HIC 964651780	ACNT 7643LMD642				ICN KEN7719305600	ASG Y	MOA	
1013940584 0723 072325 11		1 99499			0.01	0.00	0.00	0.00	PI-16	0.01 0.00
PT RESP 0.00					0.01	0.00	0.00	0.00		0.01 0.00
ADJ TO TOTAL: PREV PD					0.00		LATE FILING CHARGE	0.00	NET	0.00
PLAN TYPE: STEELCASE										
STATUS CODE 1: Processed as Primary										

NAME ZEAGLER, CARL R		HIC 996975784	ACNT 7541LMD642				ICN OEB0982490700	ASG Y	MOA	
1306898036 0721 072125 11		1 99213 25			146.00	85.63	0.00	0.00	CO-45	60.37 64.32
									CO-253	1.31
									PR-3	20.00
1306898036 0721 072125 11		1 83036 QW			60.90	9.71	0.00	0.00	CO-45	51.19 9.52
									CO-253	0.19
1306898036 0721 072125 11		1 G0447 XU			65.00	30.94	0.00	0.00	CO-45	34.06 30.33
									CO-253	0.61
1306898036 0721 072125 11		1 G0446 XU			65.00	65.00	0.00	0.00	PR-119	65.00 0.00
1306898036 0721 072125 11		1 82043 QW			14.70	5.78	0.00	0.00	CO-45	8.92 5.67
									CO-253	0.11
1306898036 0721 072125 11		1 82570 QW			17.85	5.18	0.00	0.00	CO-45	12.67 5.08
									CO-253	0.10
1306898036 0721 072125 11		1 G8476			0.00	0.00	0.00	0.00		0.00
1306898036 0721 072125 11		1 G8417			0.00	0.00	0.00	0.00		0.00
1306898036 0721 072125 11		1 G8427			0.00	0.00	0.00	0.00		0.00
1306898036 0721 072125 11		1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036 0721 072125 11		1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036 0721 072125 11		1 1036F			0.00	0.00	0.00	0.00		0.00
1306898036 0721 072125 11		1 3060F			0.00	0.00	0.00	0.00		0.00
PT RESP 85.00		CLAIM TOTALS			369.45	202.24	0.00	0.00		254.53 114.92
ADJ TO TOTAL: PREV PD					0.00		LATE FILING CHARGE	0.00	NET	114.92
PLAN TYPE: AT&TINC.										
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	369.46	202.24	0.00	0.00	254.54	114.92	0.00	114.92

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.

N350 Missing / incomplete / invalid description of service for a Not Otherwise Classified (NOC) code or for an Unlisted / By Report procedure.

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

PR-119 Benefit maximum for this time period or occurrence has been reached.

PR-3 Co-payment Amount

