

UNITEDHEALTHCARE []  
 UNITEDHEALTHCARE SHARED SERVICES PO BOX 30783  
 SALT LAKE CITY, UT 841300783  
 (866)596-8447

REMITTANCE  
 ADVICE

BYRON CENTER FAMILY MEDICINE  
 7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660  
 PAGE #: 1 of 1  
 DATE: 2025-04-17  
 EFT #: UH4870000132224154157874  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CRISHER, KRISTIN			HIC 771900751474 ACNT			5349LMD642	ICN 25092313842			ASG Y MOA	
1013940584	0318	031825	11	99214	25	219.00	110.62	0.00	0.00	CO-45	108.38
										PR-3	25.00
										CO-45	6.73
1013940584	0318	031825	11	G0447	XU	35.00	28.27	0.00	0.00		28.27
1013940584	0318	031825	11	99401	XU	0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	25.00			CLAIM	TOTALS	254.00	138.89	0.00	0.00		140.11
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary											113.89
TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK		
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT		
	1	254.00	138.89	0.00	0.00	140.11	113.89	0.00	113.89		

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
 PR-3 Co-payment Amount

