

BLUE CARE NETWORK OF MICHIGAN - SELF-FUNDED HRA []  
 441 E. JEFFERSON  
 DETROIT, MI 48226  
 (000)000-0000

REMITTANCE  
 ADVICE

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]  
 7740 BYRON CENTER AVE  
 BYRON CENTER, MI 49315

NPI #: 1982923660  
 PAGE #: 1 of 1  
 DATE: 2025-04-20  
 NONPAY #: 25111B100028559200  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	COON, STEVEN J				HIC	M0102477501	ACNT	5879LMD642		ICN	E18203787800	ASG Y	MOA
1013940584	0416	041625	11	1	99386	25		388.00	0.00	0.00	0.00	CO-187	388.00
1013940584	0416	041625	11	1	36415			20.00	0.00	0.00	0.00	CO-187	20.00
1013940584	0416	041625	11	1	G0136	33		34.80	0.00	0.00	0.00	CO-187	34.80
1013940584	0416	041625	11	1	96127	XU		40.00	0.00	0.00	0.00	CO-187	40.00
1013940584	0416	041625	11	1	96160	XU		25.00	0.00	0.00	0.00	CO-187	25.00
1013940584	0416	041625	11	1	G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0416	041625	11	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0416	041625	11	1	3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0416	041625	11	1	G9621			0.00	0.00	0.00	0.00		0.00
1013940584	0416	041625	11	1	G8510			0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM	TOTALS		507.80	0.00	0.00	0.00		507.80
ADJ TO TOTAL:	PREV PD				INTEREST			0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 2:	Processed as	Secondary											0.00

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	507.80	0.00	0.00	0.00	507.80	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
 CO-187 Health Savings account payments

