

BLUE CARE NETWORK OF MICHIGAN []
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 12
DATE: 2025-05-02
EFT #: 25118B1000145190064605661
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME BAARTMAN, DERKY L			HIC XYK913154621 ACNT		4175LMD642				ICN E17864461700		ASG Y	MOA	
INSURED NAME: BAARTMAN, DERK L													
1013940584	0116	011625	11	-1	99213	25	-146.00	0.00	0.00	0.00	CO-45 CO-104	-58.49 -1.75	-85.76
1013940584	0116	011625	11	-1	3074F		0.00	0.00	0.00	0.00			0.00
1013940584	0116	011625	11	-1	3078F		0.00	0.00	0.00	0.00			0.00
1013940584	0116	011625	11	-1	82043	QW	-14.70	0.00	0.00	0.00	CO-45 CO-104	-8.92 -0.12	-5.66
1013940584	0116	011625	11	-1	82570	QW	-17.85	0.00	0.00	0.00	CO-45 CO-104	-12.67 -0.10	-5.08
1013940584	0116	011625	11	-1	3061F		0.00	0.00	0.00	0.00			0.00
1013940584	0116	011625	11	-1	G2211		-25.00	0.00	0.00	0.00	CO-236	-25.00	0.00
REM: N1													
PT RESP	0.00		CLAIM TOTALS				-203.55	0.00	0.00	0.00		-107.05	-96.50
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	0.00	NET	-96.50
STATUS CODE 22: Reversal of Previous Payment													

NAME BAARTMAN, DERKY L				HIC XYK913154621 ACNT 4175LMD642				ICN E17864461701		ASG Y	MOA			
INSURED NAME: BAARTMAN, DERK L														
1013940584	0116	011625	11	1	99213	25		146.00	85.63	0.00	0.00	CO-45	60.37	83.92
												CO-104	1.71	
1013940584	0116	011625	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0116	011625	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0116	011625	11	1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	5.66
												CO-104	0.12	
1013940584	0116	011625	11	1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67	5.08
												CO-104	0.10	
1013940584	0116	011625	11	1	3061F			0.00	0.00	0.00	0.00			0.00
1013940584	0116	011625	11	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-104	0.31	
PT RESP		0.00		CLAIM TOTALS				203.55	111.85	0.00	0.00		93.94	109.61
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	109.61
STATUS CODE 1: Processed as Primary														

NAME STOUT, DIANE A					HIC XYK890840536 ACNT 4284LMD642			ICN E17880600801			ASG Y MOA		
1306898036	0120	012025	11	-1	99215	25	-295.00	0.00	0.00	0.00	CO-45	-125.15	-166.45
1306898036	0120	012025	11	-1	G2211		-25.00	0.00	0.00	0.00	CO-104	-3.40	
					REM: N1								
1306898036	0120	012025	11	-1	82043	QW	-14.70	0.00	0.00	0.00	CO-236	-25.00	0.00
1306898036	0120	012025	11	-1	82043						CO-45	-8.92	-5.66
1306898036	0120	012025	11	-1	82570	QW	-17.85	0.00	0.00	0.00	CO-104	-0.12	
1306898036	0120	012025	11	-1	82570						CO-45	-12.67	-5.08
1306898036	0120	012025	11	-1	G8417		0.00	0.00	0.00	0.00	CO-104	-0.10	
1306898036	0120	012025	11	-1	G8417		0.00	0.00	0.00	0.00			0.00
1306898036	0120	012025	11	-1	3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0120	012025	11	-1	3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0120	012025	11	-1	G0447		-15.00	0.00	0.00	0.00	CO-96	-15.00	0.00
					REM: N386 N1								
1306898036	0120	012025	11	-1	3060F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS		-367.55	0.00	0.00	0.00		-190.36	-177.19
ADJ TO TOTAL: PREV PD					INTEREST			0.00	LATE FILING CHARGE		0.00	NET	-177.19
STATUS CODE 22: Reversal of Previous Payment													



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25118B1000145190064605661 PAGE #: 2 of 12

REMITTANCE

ADVICE

DATE: 2025-05-02

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME STOUT, DIANE A			HIC XYK890840536	ACNT	4284LMD642			ICN E17880600802	ASG Y	MOA
1306898036	0120 012025	11	1 99215	25	295.00	169.85	0.00	0.00	CO-45	125.15
									CO-104	3.40
1306898036	0120 012025	11	1 G2211		25.00	15.26	0.00	0.00	CO-45	9.74
									CO-104	0.31
1306898036	0120 012025	11	1 82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92
									CO-104	0.12
1306898036	0120 012025	11	1 82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67
									CO-104	0.10
1306898036	0120 012025	11	1 G8417		0.00	0.00	0.00	0.00		0.00
1306898036	0120 012025	11	1 3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0120 012025	11	1 3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0120 012025	11	1 G0447		15.00	0.00	0.00	0.00	CO-96	15.00
				REM: N386 N1						
1306898036	0120 012025	11	1 3060F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM	TOTALS	367.55	196.07	0.00	0.00		175.41
ADJ TO TOTAL: PREV PD				INTEREST	0.00					192.14
STATUS CODE 1: Processed as Primary							LATE FILING CHARGE	0.00	NET	192.14

NAME HENDGES, BETTY L			HIC XYK911748908	ACNT	4700LMD642			ICN E17954774100	ASG Y	MOA
1306898036	0210 021025	11	-1 99214	25	-219.00	0.00	0.00	0.00	CO-45	-98.16
									CO-104	-2.42
1306898036	0210 021025	11	-1 G2211		-25.00	0.00	0.00	0.00	CO-236	-25.00
				REM: N1						
1306898036	0210 021025	11	-1 82043	QW	-14.70	0.00	0.00	0.00	CO-45	-8.92
									CO-104	-0.12
1306898036	0210 021025	11	-1 82570	QW	-17.85	0.00	0.00	0.00	CO-45	-12.67
									CO-104	-0.10
1306898036	0210 021025	11	-1 G8427		0.00	0.00	0.00	0.00		0.00
1306898036	0210 021025	11	-1 3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0210 021025	11	-1 3075F		0.00	0.00	0.00	0.00		0.00
1306898036	0210 021025	11	-1 1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0210 021025	11	-1 3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0210 021025	11	-1 2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0210 021025	11	-1 1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0210 021025	11	-1 1160F		0.00	0.00	0.00	0.00		0.00
1306898036	0210 021025	11	-1 2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0210 021025	11	-1 3061F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM	TOTALS	-276.55	0.00	0.00	0.00		-147.39
ADJ TO TOTAL: PREV PD				INTEREST	0.00					-129.16
STATUS CODE 22: Reversal of Previous Payment							LATE FILING CHARGE	0.00	NET	-129.16

NAME HENDGES, BETTY L			HIC XYK911748908	ACNT	4700LMD642			ICN E17954774101	ASG Y	MOA
1306898036	0210 021025	11	1 99214	25	219.00	120.84	0.00	0.00	CO-45	98.16
									CO-104	2.42
1306898036	0210 021025	11	1 G2211		25.00	15.26	0.00	0.00	CO-45	9.74
									CO-104	0.31
1306898036	0210 021025	11	1 82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92
									CO-104	0.12
1306898036	0210 021025	11	1 82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67
									CO-104	0.10
1306898036	0210 021025	11	1 G8427		0.00	0.00	0.00	0.00		0.00
1306898036	0210 021025	11	1 3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0210 021025	11	1 3075F		0.00	0.00	0.00	0.00		0.00
1306898036	0210 021025	11	1 1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0210 021025	11	1 3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0210 021025	11	1 2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0210 021025	11	1 1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0210 021025	11	1 1160F		0.00	0.00	0.00	0.00		0.00
1306898036	0210 021025	11	1 2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0210 021025	11	1 3061F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM	TOTALS	276.55	147.06	0.00	0.00		132.44
ADJ TO TOTAL: PREV PD				INTEREST	0.00					144.11
STATUS CODE 1: Processed as Primary							LATE FILING CHARGE	0.00	NET	144.11



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25118B1000145190064605661 PAGE #: 3 of 12

REMITTANCE

ADVICE

DATE: 2025-05-02

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	BOUWHUIS, CYNTHIA A					HIC	XYK893692382 ACNT	4762LMD642			ICN E17964460901	ASG Y	MOA	
1306898036	0212	021225	11	-1	G0439			-361.00	0.00	0.00	0.00	CO-45	-239.15	-119.41
							REM: N192					CO-104	-2.44	
1306898036	0212	021225	11	-1	99396	52		-327.00	0.00	0.00	0.00	CO-231	-327.00	0.00
							REM: N1 N192							
1306898036	0212	021225	11	-1	99497	33		-132.00	0.00	0.00	0.00	CO-97	-132.00	0.00
							REM: N1 N192							
1306898036	0212	021225	11	-1	G2211			-25.00	0.00	0.00	0.00	CO-236	-25.00	0.00
							REM: N1 N192							
1306898036	0212	021225	11	-1	G0442	XU		-43.00	0.00	0.00	0.00	CO-97	-43.00	0.00
							REM: N1 N192							
1306898036	0212	021225	11	-1	G0444	XU		-91.00	0.00	0.00	0.00	CO-97	-91.00	0.00
							REM: N1 N192							
1306898036	0212	021225	11	-1	36415			-20.00	0.00	0.00	0.00	CO-45	-10.91	-8.91
							REM: N192					CO-104	-0.18	
1306898036	0212	021225	11	-1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0212	021225	11	-1	90656			-35.00	0.00	0.00	0.00	CO-45	-12.65	-22.35
							REM: N192							
1306898036	0212	021225	11	-1	90471			-41.00	0.00	0.00	0.00	CO-45	-22.16	0.00
							REM: N192					PR-204	-18.84	
1306898036	0212	021225	11	-1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0212	021225	11	-1	3079F			0.00	0.00	0.00	0.00			0.00
1306898036	0212	021225	11	-1	99214	25		-241.68	0.00	0.00	0.00	CO-45	-120.84	-103.72
							REM: N192					CO-104	-2.12	
												PR-3	-15.00	
PT RESP	0.00						CLAIM TOTALS	-1316.68	0.00	0.00	0.00		-1062.29	-254.39
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING	CHARGE	0.00	NET	-254.39
STATUS CODE 22: Reversal of Previous Payment														

NAME	BOUWHUIS, CYNTHIA A					HIC	XYK893692382 ACNT	4762LMD642			ICN E17964460902	ASG Y	MOA	
1306898036	0212	021225	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
							REM: N192					CO-104	2.44	
1306898036	0212	021225	11	1	99396	52		327.00	0.00	0.00	0.00	CO-231	327.00	0.00
							REM: N1 N192							
1306898036	0212	021225	11	1	99497	33		132.00	0.00	0.00	0.00	CO-97	132.00	0.00
							REM: N1 N192							
1306898036	0212	021225	11	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	7.48
							REM: N192					CO-104	0.15	
												PR-3	7.63	
1306898036	0212	021225	11	1	G0442	XU		43.00	0.00	0.00	0.00	CO-97	43.00	0.00
							REM: N1 N192							
1306898036	0212	021225	11	1	G0444	XU		91.00	0.00	0.00	0.00	CO-97	91.00	0.00
							REM: N1 N192							
1306898036	0212	021225	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
							REM: N192					CO-104	0.18	
1306898036	0212	021225	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0212	021225	11	1	90656			35.00	22.35	0.00	0.00	CO-45	12.65	22.35
							REM: N192							
1306898036	0212	021225	11	1	90471			41.00	0.00	0.00	0.00	PR-204	41.00	0.00
							REM: N192							
1306898036	0212	021225	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0212	021225	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1306898036	0212	021225	11	1	99214	25		241.68	120.84	0.00	0.00	CO-45	120.84	111.20
							REM: N192					CO-104	2.27	
												PR-3	7.37	
PT RESP	56.00						CLAIM TOTALS	1316.68	289.39	0.00	0.00		1047.33	269.35
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING	CHARGE	0.00	NET	269.35
STATUS CODE 1: Processed as Primary														



BLUE CARE NETWORK OF MICHIGAN

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BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25118B1000145190064605661 PAGE #: 4 of 12

REMITTANCE

ADVICE

DATE: 2025-05-02

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	POTTER, HENRY A					HIC	XYK892204895 ACNT	4844LMD642			ICN E17986802500	ASG Y	MOA	
1013940584	0218	021825	11	-1	G0439			-361.00	0.00	0.00	0.00	CO-45	-239.15	-119.41
												CO-104	-2.44	
1013940584	0218	021825	11	-1	99397	52		0.00	0.00	0.00	0.00			0.00
1013940584	0218	021825	11	-1	99213	25		-146.00	0.00	0.00	0.00	CO-45	-60.37	-69.22
												CO-104	-1.41	
												PR-3	-15.00	
1013940584	0218	021825	11	-1	G2211			-25.00	0.00	0.00	0.00	CO-236	-25.00	0.00
							REM: N1							
1013940584	0218	021825	11	-1	G0442	XU		-30.00	0.00	0.00	0.00	CO-45	-13.78	-15.90
												CO-104	-0.32	
1013940584	0218	021825	11	-1	G0444	XU 33		-29.45	0.00	0.00	0.00	CO-45	-13.23	-15.90
												CO-104	-0.32	
1013940584	0218	021825	11	-1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0218	021825	11	-1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0218	021825	11	-1	G9621			0.00	0.00	0.00	0.00			0.00
1013940584	0218	021825	11	-1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0218	021825	11	-1	1158F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00						CLAIM TOTALS	-591.45	0.00	0.00	0.00		-371.02	-220.43
ADJ TO TOTAL: PREV PD							INTEREST	0.00					NET	-220.43
STATUS CODE 22: Reversal of Previous Payment														

NAME	POTTER, HENRY A					HIC	XYK892204895 ACNT	4844LMD642			ICN E17986802501	ASG Y	MOA	
1013940584	0218	021825	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
												CO-104	2.44	
1013940584	0218	021825	11	1	99397	52		0.00	0.00	0.00	0.00			0.00
1013940584	0218	021825	11	1	99213	25		146.00	85.63	0.00	0.00	CO-45	60.37	69.22
												CO-104	1.41	
												PR-3	15.00	
1013940584	0218	021825	11	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-104	0.31	
1013940584	0218	021825	11	1	G0442	XU		30.00	16.22	0.00	0.00	CO-45	13.78	15.90
												CO-104	0.32	
1013940584	0218	021825	11	1	G0444	XU 33		29.45	16.22	0.00	0.00	CO-45	13.23	15.90
												CO-104	0.32	
1013940584	0218	021825	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0218	021825	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0218	021825	11	1	G9621			0.00	0.00	0.00	0.00			0.00
1013940584	0218	021825	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0218	021825	11	1	1158F			0.00	0.00	0.00	0.00			0.00
PT RESP	15.00						CLAIM TOTALS	591.45	255.18	0.00	0.00		356.07	235.38
ADJ TO TOTAL: PREV PD							INTEREST	0.00					NET	235.38
STATUS CODE 1: Processed as Primary														

NAME	ALBERDA, DONALD K					HIC	XYK894141033 ACNT	4977LMD642			ICN E18013246601	ASG Y	MOA	
1013940584	0225	022525	11	-1	G0439			-361.00	0.00	0.00	0.00	CO-45	-239.15	-119.41
												CO-104	-2.44	
1013940584	0225	022525	11	-1	99397	33		-341.00	0.00	0.00	0.00	CO-231	-341.00	0.00
							REM: N1							
1013940584	0225	022525	11	-1	99213	25		-171.26	0.00	0.00	0.00	CO-45	-85.63	-83.92
												CO-104	-1.71	
1013940584	0225	022525	11	-1	G2211			-25.00	0.00	0.00	0.00	CO-236	-25.00	0.00
							REM: N1							
1013940584	0225	022525	11	-1	G0442	XU		-30.00	0.00	0.00	0.00	CO-45	-13.78	-15.90
												CO-104	-0.32	
1013940584	0225	022525	11	-1	G0444	XU		-29.45	0.00	0.00	0.00	CO-45	-13.23	-15.90
												CO-104	-0.32	
1013940584	0225	022525	11	-1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525	11	-1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525	11	-1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525	11	-1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00						CLAIM TOTALS	-957.71	0.00	0.00	0.00		-722.58	-235.13
ADJ TO TOTAL: PREV PD							INTEREST	0.00					NET	-235.13
STATUS CODE 22: Reversal of Previous Payment														



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25118B1000145190064605661 PAGE #: 5 of 12

REMITTANCE

ADVICE

DATE: 2025-05-02

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	ALBERDA, DONALD K					HIC	XYK894141033	ACNT	4977LMD642		ICN	E18013246602	ASG	Y MOA
1013940584	0225	022525	11	1	G0439				361.00	121.85	0.00	0.00	CO-45	239.15 119.41
1013940584	0225	022525	11	1	99397	33			341.00	0.00	0.00	0.00	CO-104	2.44
							REM: N1						CO-231	341.00 0.00
1013940584	0225	022525	11	1	99213	25			171.26	85.63	0.00	0.00	CO-45	85.63 83.92
1013940584	0225	022525	11	1	G2211				25.00	15.26	0.00	0.00	CO-104	1.71
1013940584	0225	022525	11	1	G0442	XU			30.00	16.22	0.00	0.00	CO-45	9.74 14.95
1013940584	0225	022525	11	1	G0444	XU			29.45	16.22	0.00	0.00	CO-104	0.31
1013940584	0225	022525	11	1	3074F				0.00	0.00	0.00	0.00	CO-45	13.78 15.90
1013940584	0225	022525	11	1	3078F				0.00	0.00	0.00	0.00	CO-104	0.32
1013940584	0225	022525	11	1	G8510				0.00	0.00	0.00	0.00	CO-45	13.23 15.90
1013940584	0225	022525	11	1	G9622				0.00	0.00	0.00	0.00	CO-104	0.32
PT RESP	0.00					CLAIM	TOTALS	957.71	255.18	0.00	0.00			707.63 250.08
ADJ TO TOTAL: PREV PD						INTEREST		0.00						NET 250.08
STATUS CODE 1: Processed as Primary														

NAME	CALKINS, ELAINE R					HIC	XYK912636308	ACNT	5074LMD642		ICN	E18036183800	ASG	Y MOA
1013940584	0303	030325	11	-1	99214	25			-219.00	0.00	0.00	0.00	CO-45	-98.16 -118.42
1013940584	0303	030325	11	-1	G2211				-25.00	0.00	0.00	0.00	CO-104	-2.42
							REM: N1						CO-236	-25.00 0.00
1013940584	0303	030325	11	-1	82043	QW			-14.70	0.00	0.00	0.00	CO-45	-8.92 -5.66
1013940584	0303	030325	11	-1	82570	QW			-17.85	0.00	0.00	0.00	CO-104	-0.12
1013940584	0303	030325	11	-1	3075F				0.00	0.00	0.00	0.00	CO-45	-12.67 -5.08
1013940584	0303	030325	11	-1	3078F				0.00	0.00	0.00	0.00	CO-104	-0.10
1013940584	0303	030325	11	-1	2028F				0.00	0.00	0.00	0.00		
1013940584	0303	030325	11	-1	3060F				0.00	0.00	0.00	0.00		
PT RESP	0.00					CLAIM	TOTALS	-276.55	0.00	0.00	0.00			-147.39 -129.16
ADJ TO TOTAL: PREV PD						INTEREST		0.00						NET -129.16
STATUS CODE 22: Reversal of Previous Payment														

NAME	CALKINS, ELAINE R					HIC	XYK912636308	ACNT	5074LMD642		ICN	E18036183801	ASG	Y MOA
1013940584	0303	030325	11	1	99214	25			219.00	120.84	0.00	0.00	CO-45	98.16 118.42
1013940584	0303	030325	11	1	G2211				25.00	15.26	0.00	0.00	CO-104	2.42
1013940584	0303	030325	11	1	82043	QW			14.70	5.78	0.00	0.00	CO-45	9.74 14.95
1013940584	0303	030325	11	1	82570	QW			17.85	5.18	0.00	0.00	CO-104	0.31
1013940584	0303	030325	11	1	3075F				0.00	0.00	0.00	0.00	CO-45	8.92 5.66
1013940584	0303	030325	11	1	3078F				0.00	0.00	0.00	0.00	CO-104	0.12
1013940584	0303	030325	11	1	2028F				0.00	0.00	0.00	0.00		
1013940584	0303	030325	11	1	3060F				0.00	0.00	0.00	0.00		
PT RESP	0.00					CLAIM	TOTALS	276.55	147.06	0.00	0.00			132.44 144.11
ADJ TO TOTAL: PREV PD						INTEREST		0.00						NET 144.11
STATUS CODE 1: Processed as Primary														

NAME	MERRITT, JANET K					HIC	XYK997154248	ACNT	5105LMD642		ICN	E18046020100	ASG	Y MOA
1306898036	0305	030525	11	-1	99214	25			-219.00	0.00	0.00	0.00	CO-45	-98.16 -98.82
													CO-104	-2.02
													PR-3	-20.00
1306898036	0305	030525	11	-1	G2211				-25.00	0.00	0.00	0.00	CO-236	-25.00 0.00
							REM: N1							
1306898036	0305	030525	11	-1	G0444	XU 33			-29.45	0.00	0.00	0.00	CO-45	-13.23 -15.90
													CO-104	-0.32
1306898036	0305	030525	11	-1	3074F				0.00	0.00	0.00	0.00		
1306898036	0305	030525	11	-1	3078F				0.00	0.00	0.00	0.00		
1306898036	0305	030525	11	-1	1036F				0.00	0.00	0.00	0.00		
1306898036	0305	030525	11	-1	G8510				0.00	0.00	0.00	0.00		
1306898036	0305	030525	11	-1	3008F				0.00	0.00	0.00	0.00		
1306898036	0305	030525	11	-1	2001F				0.00	0.00	0.00	0.00		
1306898036	0305	030525	11	-1	2000F				0.00	0.00	0.00	0.00		
1306898036	0305	030525	11	-1	1000F				0.00	0.00	0.00	0.00		
1306898036	0305	030525	11	-1	1159F				0.00	0.00	0.00	0.00		
1306898036	0305	030525	11	-1	1160F				0.00	0.00	0.00	0.00		
PT RESP	0.00					CLAIM	TOTALS	-273.45	0.00	0.00	0.00			-158.73 -114.72
ADJ TO TOTAL: PREV PD						INTEREST		0.00						NET -114.72
STATUS CODE 22: Reversal of Previous Payment														



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25118B1000145190064605661 PAGE #: 6 of 12

REMITTANCE

ADVICE

DATE: 2025-05-02

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MERRITT, JANET K					HIC	XYK997154248	ACNT	5105LMD642		ICN	E18046020101	ASG Y MOA
1306898036	0305	030525	11	1	99214	25		219.00	120.84	0.00	0.00	CO-45 98.16 98.82
												CO-104 2.02
												PR-3 20.00
1306898036	0305	030525	11	1	G2211			25.00	15.26	0.00	0.00	CO-45 9.74 14.95
												CO-104 0.31
1306898036	0305	030525	11	1	G0444	XU 33		29.45	16.22	0.00	0.00	CO-45 13.23 15.90
												CO-104 0.32
1306898036	0305	030525	11	1	3074F			0.00	0.00	0.00	0.00	0.00
1306898036	0305	030525	11	1	3078F			0.00	0.00	0.00	0.00	0.00
1306898036	0305	030525	11	1	1036F			0.00	0.00	0.00	0.00	0.00
1306898036	0305	030525	11	1	G8510			0.00	0.00	0.00	0.00	0.00
1306898036	0305	030525	11	1	3008F			0.00	0.00	0.00	0.00	0.00
1306898036	0305	030525	11	1	2001F			0.00	0.00	0.00	0.00	0.00
1306898036	0305	030525	11	1	2000F			0.00	0.00	0.00	0.00	0.00
1306898036	0305	030525	11	1	1000F			0.00	0.00	0.00	0.00	0.00
1306898036	0305	030525	11	1	1159F			0.00	0.00	0.00	0.00	0.00
1306898036	0305	030525	11	1	1160F			0.00	0.00	0.00	0.00	0.00
PT RESP	20.00				CLAIM TOTALS			273.45	152.32	0.00	0.00	143.78 129.67
ADJ TO TOTAL: PREV PD					INTEREST			0.00				0.00 NET 129.67
STATUS CODE 1: Processed as Primary												

NAME HENDGES, HENRY M					HIC	XYK892205907	ACNT	5192LMD642		ICN	E18065222401	ASG Y MOA
1306898036	0311	031125	11	-1	99212	25		-87.00	0.00	0.00	0.00	CO-45 -34.47 -51.48
												CO-104 -1.05
1306898036	0311	031125	11	-1	G2211			-25.00	0.00	0.00	0.00	CO-236 -25.00 0.00
1306898036	0311	031125	11	-1	11055			-126.28	0.00	0.00	0.00	CO-11 -126.28 0.00
1306898036	0311	031125	11	-1	3074F			0.00	0.00	0.00	0.00	0.00
1306898036	0311	031125	11	-1	3078F			0.00	0.00	0.00	0.00	0.00
1306898036	0311	031125	11	-1	3008F			0.00	0.00	0.00	0.00	0.00
1306898036	0311	031125	11	-1	2001F			0.00	0.00	0.00	0.00	0.00
1306898036	0311	031125	11	-1	2000F			0.00	0.00	0.00	0.00	0.00
1306898036	0311	031125	11	-1	1000F			0.00	0.00	0.00	0.00	0.00
1306898036	0311	031125	11	-1	1159F			0.00	0.00	0.00	0.00	0.00
1306898036	0311	031125	11	-1	1160F			0.00	0.00	0.00	0.00	0.00
PT RESP	0.00				CLAIM TOTALS			-238.28	0.00	0.00	0.00	-186.80 -51.48
ADJ TO TOTAL: PREV PD					INTEREST			0.00				0.00 NET -51.48
STATUS CODE 22: Reversal of Previous Payment												

NAME HENDGES, HENRY M					HIC	XYK892205907	ACNT	5192LMD642		ICN	E18065222402	ASG Y MOA
1306898036	0311	031125	11	1	99212	25		87.00	52.53	0.00	0.00	CO-45 34.47 51.48
												CO-104 1.05
1306898036	0311	031125	11	1	G2211			25.00	15.26	0.00	0.00	CO-45 9.74 14.95
												CO-104 0.31
1306898036	0311	031125	11	1	11055			126.28	0.00	0.00	0.00	CO-11 126.28 0.00
1306898036	0311	031125	11	1	3074F			0.00	0.00	0.00	0.00	0.00
1306898036	0311	031125	11	1	3078F			0.00	0.00	0.00	0.00	0.00
1306898036	0311	031125	11	1	3008F			0.00	0.00	0.00	0.00	0.00
1306898036	0311	031125	11	1	2001F			0.00	0.00	0.00	0.00	0.00
1306898036	0311	031125	11	1	2000F			0.00	0.00	0.00	0.00	0.00
1306898036	0311	031125	11	1	1000F			0.00	0.00	0.00	0.00	0.00
1306898036	0311	031125	11	1	1159F			0.00	0.00	0.00	0.00	0.00
1306898036	0311	031125	11	1	1160F			0.00	0.00	0.00	0.00	0.00
PT RESP	0.00				CLAIM TOTALS			238.28	67.79	0.00	0.00	171.85 66.43
ADJ TO TOTAL: PREV PD					INTEREST			0.00				0.00 NET 66.43
STATUS CODE 1: Processed as Primary												

NAME ALBERDA, DONALD K					HIC	XYK894141033	ACNT	5261LMD642		ICN	E18086693300	ASG Y MOA
1013940584	0304	030425	11	-1	99213	25		-146.00	0.00	0.00	0.00	CO-45 -60.37 -83.92
												CO-104 -1.71
1013940584	0304	030425	11	-1	11602			-319.00	0.00	0.00	0.00	CO-45 -93.76 -220.74
												CO-104 -4.50
1013940584	0304	030425	11	-1	G2211			-25.00	0.00	0.00	0.00	CO-236 -25.00 0.00
1013940584	0304	030425	11	-1	G8510			0.00	0.00	0.00	0.00	0.00
1013940584	0304	030425	11	-1	3074F			0.00	0.00	0.00	0.00	0.00
1013940584	0304	030425	11	-1	3078F			0.00	0.00	0.00	0.00	0.00
PT RESP	0.00				CLAIM TOTALS			-490.00	0.00	0.00	0.00	-185.34 -304.66
ADJ TO TOTAL: PREV PD					INTEREST			0.00				0.00 NET -304.66
STATUS CODE 22: Reversal of Previous Payment												



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25118B1000145190064605661 PAGE #: 7 of 12

REMITTANCE

ADVICE

DATE: 2025-05-02

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	ALBERDA, DONALD K					HIC	XYK894141033	ACNT	5261LMD642		ICN	E18086693301	ASG	Y MOA
1013940584	0304	030425	11	1	99213	25			146.00	85.63	0.00	0.00	CO-45	60.37 83.92
1013940584	0304	030425	11	1	11602				319.00	225.24	0.00	0.00	CO-104	1.71
1013940584	0304	030425	11	1	G2211				25.00	15.26	0.00	0.00	CO-45	93.76 220.74
1013940584	0304	030425	11	1	G2211				25.00	15.26	0.00	0.00	CO-104	4.50
1013940584	0304	030425	11	1	G8510				0.00	0.00	0.00	0.00	CO-45	9.74 14.95
1013940584	0304	030425	11	1	3074F				0.00	0.00	0.00	0.00	CO-104	0.31
1013940584	0304	030425	11	1	3078F				0.00	0.00	0.00	0.00		
PT RESP	0.00					CLAIM	TOTALS	490.00	326.13	0.00	0.00		170.39	319.61
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	319.61
STATUS CODE 1: Processed as Primary														

NAME	LE, HOA T					HIC	XYK922380386	ACNT	5343LMD642		ICN	E18091382200	ASG	Y MOA
1306898036	0318	031825	11	-1	G0439				-361.00	0.00	0.00	0.00	CO-45	-239.15 -119.41
1306898036	0318	031825	11	-1	99214	25			-241.68	0.00	0.00	0.00	CO-104	-2.44
1306898036	0318	031825	11	-1	99397	33			-341.00	0.00	0.00	0.00	CO-45	-120.84 -118.42
						REM: N1							CO-104	-2.42
1306898036	0318	031825	11	-1	G2211				-25.00	0.00	0.00	0.00	CO-231	-341.00 0.00
						REM: N1							CO-236	-25.00 0.00
1306898036	0318	031825	11	-1	G0442	XU			-30.00	0.00	0.00	0.00	CO-45	-13.78 -15.90
1306898036	0318	031825	11	-1	G0444	XU			-29.45	0.00	0.00	0.00	CO-104	-0.32
1306898036	0318	031825	11	-1	G0136	XU			-34.80	0.00	0.00	0.00	CO-45	-13.23 -15.90
1306898036	0318	031825	11	-1	G0557	XU			-94.10	0.00	0.00	0.00	CO-104	-0.32
						REM: N1							CO-45	-17.40 -17.05
1306898036	0318	031825	11	-1	3074F				0.00	0.00	0.00	0.00	CO-104	-0.35
1306898036	0318	031825	11	-1	3078F				0.00	0.00	0.00	0.00	CO-182	-94.10 0.00
1306898036	0318	031825	11	-1	G9622				0.00	0.00	0.00	0.00		
1306898036	0318	031825	11	-1	G8510				0.00	0.00	0.00	0.00		
1306898036	0318	031825	11	-1	1036F				0.00	0.00	0.00	0.00		
PT RESP	0.00					CLAIM	TOTALS	-1157.03	0.00	0.00	0.00		-870.35	-286.68
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	-286.68
STATUS CODE 22: Reversal of Previous Payment														

NAME	LE, HOA T					HIC	XYK922380386	ACNT	5343LMD642		ICN	E18091382201	ASG	Y MOA
1306898036	0318	031825	11	1	G0439				361.00	121.85	0.00	0.00	CO-45	239.15 119.41
1306898036	0318	031825	11	1	99214	25			241.68	120.84	0.00	0.00	CO-104	2.44
1306898036	0318	031825	11	1	99397	33			341.00	0.00	0.00	0.00	CO-45	120.84 118.42
						REM: N1							CO-104	2.42
1306898036	0318	031825	11	1	G2211				25.00	15.26	0.00	0.00	CO-231	341.00 0.00
1306898036	0318	031825	11	1	G0442	XU			30.00	16.22	0.00	0.00	CO-45	9.74 14.95
1306898036	0318	031825	11	1	G0444	XU			29.45	16.22	0.00	0.00	CO-104	0.31
1306898036	0318	031825	11	1	G0136	XU			34.80	17.40	0.00	0.00	CO-45	13.78 15.90
1306898036	0318	031825	11	1	G0557	XU			94.10	0.00	0.00	0.00	CO-104	0.32
						REM: N1							CO-45	13.23 15.90
1306898036	0318	031825	11	1	3074F				0.00	0.00	0.00	0.00	CO-104	0.32
1306898036	0318	031825	11	1	3078F				0.00	0.00	0.00	0.00	CO-45	17.40 17.05
1306898036	0318	031825	11	1	G9622				0.00	0.00	0.00	0.00	CO-104	0.35
1306898036	0318	031825	11	1	G8510				0.00	0.00	0.00	0.00	CO-182	94.10 0.00
1306898036	0318	031825	11	1	1036F				0.00	0.00	0.00	0.00		
PT RESP	0.00					CLAIM	TOTALS	1157.03	307.79	0.00	0.00		855.40	301.63
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	301.63
STATUS CODE 1: Processed as Primary														



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25118B1000145190064605661 PAGE #: 8 of 12

REMITTANCE

ADVICE

DATE: 2025-05-02

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HOEKSEMA, STEVEN D			HIC	XYK993576285	ACNT	5359LMD642	ICN E18098543200		ASG Y	MOA		
1306898036	0318	031825	11	-1	G0439		-361.00	0.00	0.00	0.00	CO-45	-239.15
											CO-104	-2.44
1306898036	0318	031825	11	-1	G0136	33	-34.80	0.00	0.00	0.00	CO-45	-17.40
											CO-104	-0.35
1306898036	0318	031825	11	-1	99397	33	-341.00	0.00	0.00	0.00	CO-231	-341.00
						REM: N1						
1306898036	0318	031825	11	-1	99214	25	-241.68	0.00	0.00	0.00	CO-45	-120.84
											CO-104	-2.42
1306898036	0318	031825	11	-1	96127	XU	-40.00	0.00	0.00	0.00	CO-97	-40.00
						REM: N1						
1306898036	0318	031825	11	-1	96160	XU	-5.30	0.00	0.00	0.00	CO-234	-2.65
						REM: N20					CO-45	-2.65
1306898036	0318	031825	11	-1	G2211		-25.00	0.00	0.00	0.00	CO-236	-25.00
						REM: N1						
1306898036	0318	031825	11	-1	99406		-27.06	0.00	0.00	0.00	CO-45	-13.53
											CO-104	-0.27
1306898036	0318	031825	11	-1	3075F		0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	11	-1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	11	-1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	11	-1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-1075.84	0.00	0.00	0.00		-807.70
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET
STATUS CODE 22: Reversal of Previous Payment												-268.14

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HOEKSEMA, STEVEN D			HIC	XYK993576285	ACNT	5359LMD642	ICN E18098543201		ASG Y	MOA		
1306898036	0318	031825	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15
											CO-104	2.44
1306898036	0318	031825	11	1	G0136	33	34.80	17.40	0.00	0.00	CO-45	17.40
											CO-104	0.35
1306898036	0318	031825	11	1	99397	33	341.00	0.00	0.00	0.00	CO-231	341.00
						REM: N1						
1306898036	0318	031825	11	1	99214	25	241.68	120.84	0.00	0.00	CO-45	120.84
											CO-104	2.42
1306898036	0318	031825	11	1	96127	XU	40.00	0.00	0.00	0.00	CO-97	40.00
						REM: N1						
1306898036	0318	031825	11	1	96160	XU	5.30	0.00	0.00	0.00	CO-234	2.65
						REM: N20					CO-45	2.65
1306898036	0318	031825	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74
											CO-104	0.31
1306898036	0318	031825	11	1	99406		27.06	13.53	0.00	0.00	CO-45	13.53
											CO-104	0.27
1306898036	0318	031825	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		1075.84	288.88	0.00	0.00		792.75
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												283.09



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25118B1000145190064605661 PAGE #: 9 of 12

REMITTANCE

ADVICE

DATE: 2025-05-02

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	TRAN, UT V					HIC	XYK991412944 ACNT	5393LMD642		ICN	E18102071400	ASG Y	MOA	
1306898036	0319	031925	11	-1	G0439			-361.00	0.00	0.00	0.00	CO-45	-239.15	-119.41
1306898036	0319	031925	11	-1	G2211			-25.00	0.00	0.00	0.00	CO-104	-2.44	
							REM: N1					CO-236	-25.00	0.00
1306898036	0319	031925	11	-1	36415			-20.00	0.00	0.00	0.00	CO-45	-10.91	-8.91
1306898036	0319	031925	11	-1	99214	25		-241.68	0.00	0.00	0.00	CO-104	-0.18	
												CO-45	-120.84	-118.42
1306898036	0319	031925	11	-1	99497	33		-132.00	0.00	0.00	0.00	CO-104	-2.42	
												CO-45	-54.34	-76.11
1306898036	0319	031925	11	-1	99397	52		-341.00	0.00	0.00	0.00	CO-104	-1.55	
							REM: N1					CO-231	-341.00	0.00
1306898036	0319	031925	11	-1	G0136	33		-34.80	0.00	0.00	0.00	CO-45	-17.40	-17.05
												CO-104	-0.35	
1306898036	0319	031925	11	-1	82043	QW		-14.70	0.00	0.00	0.00	CO-45	-8.92	-5.66
												CO-104	-0.12	
1306898036	0319	031925	11	-1	82570	QW		-17.85	0.00	0.00	0.00	CO-45	-12.67	-5.08
												CO-104	-0.10	
1306898036	0319	031925	11	-1	36415			-20.00	0.00	0.00	0.00	CO-45	-10.91	-8.91
												CO-104	-0.18	
1306898036	0319	031925	11	-1	G0444	XU		-91.00	0.00	0.00	0.00	CO-97	-91.00	0.00
							REM: N1							
1306898036	0319	031925	11	-1	G0442	XU		-43.00	0.00	0.00	0.00	CO-97	-43.00	0.00
							REM: N1							
1306898036	0319	031925	11	-1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0319	031925	11	-1	3079F			0.00	0.00	0.00	0.00			0.00
1306898036	0319	031925	11	-1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0319	031925	11	-1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0319	031925	11	-1	3060F			0.00	0.00	0.00	0.00			0.00
1306898036	0319	031925	11	-1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM	TOTALS	-1342.03	0.00	0.00	0.00		-982.48	-359.55
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING	CHARGE	0.00	NET	-359.55
STATUS CODE 22: Reversal of Previous Payment														

NAME	TRAN, UT V					HIC	XYK991412944 ACNT	5393LMD642		ICN	E18102071401	ASG Y	MOA	
1306898036	0319	031925	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
												CO-104	2.44	
1306898036	0319	031925	11	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-104	0.31	
1306898036	0319	031925	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-104	0.18	
1306898036	0319	031925	11	1	99214	25		241.68	120.84	0.00	0.00	CO-45	120.84	118.42
												CO-104	2.42	
1306898036	0319	031925	11	1	99497	33		132.00	77.66	0.00	0.00	CO-45	54.34	76.11
												CO-104	1.55	
1306898036	0319	031925	11	1	99397	52		341.00	0.00	0.00	0.00	CO-231	341.00	0.00
							REM: N1							
1306898036	0319	031925	11	1	G0136	33		34.80	17.40	0.00	0.00	CO-45	17.40	17.05
												CO-104	0.35	
1306898036	0319	031925	11	1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	5.66
												CO-104	0.12	
1306898036	0319	031925	11	1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67	5.08
												CO-104	0.10	
1306898036	0319	031925	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-104	0.18	
1306898036	0319	031925	11	1	G0444	XU		91.00	0.00	0.00	0.00	CO-97	91.00	0.00
							REM: N1							
1306898036	0319	031925	11	1	G0442	XU		43.00	0.00	0.00	0.00	CO-97	43.00	0.00
							REM: N1							
1306898036	0319	031925	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0319	031925	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1306898036	0319	031925	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0319	031925	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0319	031925	11	1	3060F			0.00	0.00	0.00	0.00			0.00
1306898036	0319	031925	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM	TOTALS	1342.03	382.15	0.00	0.00		967.53	374.50
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING	CHARGE	0.00	NET	374.50
STATUS CODE 1: Processed as Primary														



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25118B1000145190064605661 PAGE #: 10 of 12

REMITTANCE

ADVICE

DATE: 2025-05-02

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MOSHER, TAMMY K HIC XYK991493262 ACNT 5392LMD642 ICN E18104039600 ASG Y MOA												
1306898036	0319	031925	11	-1	99214	25	-219.00	0.00	0.00	0.00	CO-45	-98.16
												-118.42
1306898036	0319	031925	11	-1	G2211		-25.00	0.00	0.00	0.00	CO-104	-2.42
												-25.00
												0.00
REM: N1												
1306898036	0319	031925	11	-1	71046		-68.20	0.00	0.00	0.00	CO-45	-37.63
												-14.98
												-0.31
												-15.28
1306898036	0319	031925	11	-1	3074F		0.00	0.00	0.00	0.00	PR-3	
												0.00
1306898036	0319	031925	11	-1	3078F		0.00	0.00	0.00	0.00		
												0.00
1306898036	0319	031925	11	-1	1036F		0.00	0.00	0.00	0.00		
												0.00
PT RESP	0.00				CLAIM TOTALS		-312.20	0.00	0.00	0.00		-178.80
												-133.40
ADJ TO TOTAL: PREV PD INTEREST												0.00
LATE FILING CHARGE												0.00
NET												-133.40
STATUS CODE 22: Reversal of Previous Payment												

NAME MOSHER, TAMMY K HIC XYK991493262 ACNT 5392LMD642 ICN E18104039601 ASG Y MOA												
1306898036	0319	031925	11	1	99214	25	219.00	120.84	0.00	0.00	CO-45	98.16
												118.42
1306898036	0319	031925	11	1	G2211		25.00	15.26	0.00	0.00	CO-104	2.42
												14.95
												0.31
1306898036	0319	031925	11	1	71046		68.20	30.57	0.00	0.00	CO-45	37.63
												14.98
												0.31
												15.28
1306898036	0319	031925	11	1	3074F		0.00	0.00	0.00	0.00		
												0.00
1306898036	0319	031925	11	1	3078F		0.00	0.00	0.00	0.00		
												0.00
1306898036	0319	031925	11	1	1036F		0.00	0.00	0.00	0.00		
												0.00
PT RESP	15.28				CLAIM TOTALS		312.20	166.67	0.00	0.00		163.85
												148.35
ADJ TO TOTAL: PREV PD INTEREST												0.00
LATE FILING CHARGE												0.00
NET												148.35
STATUS CODE 1: Processed as Primary												

NAME COOK, JACK E HIC XYK893691287 ACNT 5422LMD642 ICN E18118485000 ASG Y MOA												
1306898036	0324	032425	11	-1	G0439		-361.00	0.00	0.00	0.00	CO-45	-239.15
												-119.41
												-2.44
1306898036	0324	032425	11	-1	99214	25	-241.68	0.00	0.00	0.00	CO-45	-120.84
												-118.42
												-2.42
1306898036	0324	032425	11	-1	99397	33	-341.00	0.00	0.00	0.00	CO-104	-2.42
												0.00
REM: N1												
1306898036	0324	032425	11	-1	99497	33	-132.00	0.00	0.00	0.00	CO-231	-341.00
												-76.11
												-1.55
1306898036	0324	032425	11	-1	G0136	33	-34.80	0.00	0.00	0.00	CO-45	-17.40
												-17.05
												-0.35
1306898036	0324	032425	11	-1	G2211		-25.00	0.00	0.00	0.00	CO-104	-0.35
												0.00
REM: N1												
1306898036	0324	032425	11	-1	99401	33	-60.00	0.00	0.00	0.00	CO-236	-25.00
												0.00
REM: M51												
1306898036	0324	032425	11	-1	G0442	XU	-30.00	0.00	0.00	0.00	CO-181	-60.00
												0.00
REM: N1												
1306898036	0324	032425	11	-1	G0444	XU	-29.45	0.00	0.00	0.00	CO-97	-30.00
												0.00
REM: N1												
1306898036	0324	032425	11	-1	3074F		0.00	0.00	0.00	0.00		
												0.00
1306898036	0324	032425	11	-1	3078F		0.00	0.00	0.00	0.00		
												0.00
1306898036	0324	032425	11	-1	G9622		0.00	0.00	0.00	0.00		
												0.00
1306898036	0324	032425	11	-1	G8510		0.00	0.00	0.00	0.00		
												0.00
PT RESP	0.00				CLAIM TOTALS		-1254.93	0.00	0.00	0.00		-923.94
												-330.99
ADJ TO TOTAL: PREV PD INTEREST												0.00
LATE FILING CHARGE												0.00
NET												-330.99
STATUS CODE 22: Reversal of Previous Payment												



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25118B1000145190064605661 PAGE #: 11 of 12

REMITTANCE

ADVICE

DATE: 2025-05-02

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	COOK, JACK E					HIC	XYK893691287	ACNT	5422LMD642		ICN	E18118485001	ASG	Y MOA
1306898036	0324	032425	11	1	G0439				361.00	121.85	0.00	0.00	CO-45	239.15 119.41
													CO-104	2.44
1306898036	0324	032425	11	1	99214	25			241.68	120.84	0.00	0.00	CO-45	120.84 118.42
													CO-104	2.42
1306898036	0324	032425	11	1	99397	33			341.00	0.00	0.00	0.00	CO-231	341.00 0.00
						REM: N1								
1306898036	0324	032425	11	1	99497	33			132.00	77.66	0.00	0.00	CO-45	54.34 76.11
													CO-104	1.55
1306898036	0324	032425	11	1	G0136	33			34.80	17.40	0.00	0.00	CO-45	17.40 17.05
													CO-104	0.35
1306898036	0324	032425	11	1	G2211				25.00	15.26	0.00	0.00	CO-45	9.74 14.95
													CO-104	0.31
1306898036	0324	032425	11	1	99401	33			60.00	0.00	0.00	0.00	CO-181	60.00 0.00
						REM: M51								
1306898036	0324	032425	11	1	G0442	XU			30.00	0.00	0.00	0.00	CO-97	30.00 0.00
						REM: N1								
1306898036	0324	032425	11	1	G0444	XU			29.45	0.00	0.00	0.00	CO-97	29.45 0.00
						REM: N1								
1306898036	0324	032425	11	1	3074F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	3078F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	G9622				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	G8510				0.00	0.00	0.00	0.00		0.00
PT RESP	0.00					CLAIM	TOTALS		1254.93	353.01	0.00	0.00		908.99 345.94
ADJ TO TOTAL: PREV PD						INTEREST			0.00					NET 345.94
STATUS CODE 1: Processed as Primary														

NAME	BRINKS, CALVIN J					HIC	XYK891008096	ACNT	5439LMD642		ICN	E18119600500	ASG	Y MOA
1306898036	0324	032425	11	-1	99214	25			-219.00	0.00	0.00	0.00	CO-45	-98.16 -103.72
													CO-104	-2.12
													PR-3	-15.00
1306898036	0324	032425	11	-1	99401	33			-60.00	0.00	0.00	0.00	CO-181	-60.00 0.00
						REM: M51								
1306898036	0324	032425	11	-1	G2211				-25.00	0.00	0.00	0.00	CO-236	-25.00 0.00
						REM: N1								
1306898036	0324	032425	11	-1	3074F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	-1	3078F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	-1	3008F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	-1	2001F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	-1	2000F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	-1	1000F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	-1	1159F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	-1	1160F				0.00	0.00	0.00	0.00		0.00
PT RESP	0.00					CLAIM	TOTALS		-304.00	0.00	0.00	0.00		-200.28 -103.72
ADJ TO TOTAL: PREV PD						INTEREST			0.00					NET -103.72
STATUS CODE 22: Reversal of Previous Payment														

NAME	BRINKS, CALVIN J					HIC	XYK891008096	ACNT	5439LMD642		ICN	E18119600501	ASG	Y MOA
1306898036	0324	032425	11	1	99214	25			219.00	120.84	0.00	0.00	CO-45	98.16 103.72
													CO-104	2.12
													PR-3	15.00
1306898036	0324	032425	11	1	99401	33			60.00	0.00	0.00	0.00	CO-181	60.00 0.00
						REM: M51								
1306898036	0324	032425	11	1	G2211				25.00	15.26	0.00	0.00	CO-45	9.74 14.95
													CO-104	0.31
1306898036	0324	032425	11	1	3074F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	3078F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	3008F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	2001F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	2000F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	1000F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	1159F				0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	11	1	1160F				0.00	0.00	0.00	0.00		0.00
PT RESP	15.00					CLAIM	TOTALS		304.00	136.10	0.00	0.00		185.33 118.67
ADJ TO TOTAL: PREV PD						INTEREST			0.00					NET 118.67
STATUS CODE 1: Processed as Primary														

NAME	COOK, JACK E					HIC	XYK893691287	ACNT	5908LMD642		ICN	E18217181100	ASG	Y MOA
1306898036	0417	041725	11	1	96372				45.00	13.25	0.00	0.00	CO-45	31.75 12.98
													CO-104	0.27
PT RESP	0.00					CLAIM	TOTALS		45.00	13.25	0.00	0.00		32.02 12.98
ADJ TO TOTAL: PREV PD						INTEREST			0.00					NET 12.98
STATUS CODE 1: Processed as Primary														



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25118B1000145190064605661 PAGE #: 12 of 12

REMITTANCE

ADVICE

DATE: 2025-05-02

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME STAUFFER, EMILY			HIC XYH910177608		ACNT	5972LMD642	ICN E18228361600		ASG Y		MOA	
INSURED NAME: STAUFFER, MARK												
1013940584	0421	042125	11	1	99394		289.00	128.67	0.00	0.00	CO-45	128.67
1013940584	0421	042125	11	1	G8420		0.00	0.00	0.00	0.00		0.00
1013940584	0421	042125	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0421	042125	11	1	3079F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS			289.00	128.67	0.00	0.00	160.33	128.67
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 128.67
STATUS CODE 1: Processed as Primary												

NAME MARTZ, AMANDA C			HIC M0768614101		ACNT	5994LMD642	ICN E18230149000		ASG Y		MOA	
1306898036	0422	042225	11	1	36415		20.00	4.86	0.00	0.00	CO-45	0.00
											CO-24	15.14
PT RESP	0.00			CLAIM TOTALS			20.00	4.86	0.00	0.00	20.00	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
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
	35	354.00	3729.41	0.00	0.00	-25.02	379.02	0.00	379.02

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

CO-104 Managed care withholding.

CO-11 The diagnosis is inconsistent with the procedure.

CO-181 Payment adjusted because this procedure code was invalid on the date of service

CO-182 Payment adjusted because the procedure modifier was invalid on the date of service

CO-231 Mutually exclusive procedures cannot be done in the same day / setting. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

CO-236 This procedure or procedure / modifier combination is not compatible with another procedure or procedure / modifier combination provided on the same day according to the National Correct Coding Initiative.

CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-96 Non-covered charge(s).

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

M51 Missing / incomplete / invalid procedure code(s).

N1 Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract or plan benefit documents.

N192 Patient is a Medicaid / Qualified Medicare Beneficiary.

N20 Service not payable with other service rendered on the same date.

N386 This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd/search.asp>. If you do not have web access, you may contact the contractor to request a copy of the NCD.

N657 This should be billed with the appropriate code for these services.

PR-204 This service / equipment / drug is not covered under the patient's current benefit plan

PR-3 Co-payment Amount

