

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 2
DATE: 2025-03-21
EFT #: 25076B1000148993064559453
TAX ID #: 272620668

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	E18013246600	ASG Y	MOA
1013940584	0225	022525	11	-1	G0439			-361.00	0.00	0.00	0.00	CO-45	-239.15	-119.41
1013940584	0225	022525	11	-1	99397	52		-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	0.00	0.00	0.00	CO-45	-85.63	-83.92
1013940584	0225	022525	11	-1	G2211			-25.00	0.00	0.00	0.00	CO-104	-1.71	
						REM: N1						CO-236	-25.00	0.00
1013940584	0225	022525	11	-1	G0442	XU		-30.00	0.00	0.00	0.00	CO-45	-13.78	-15.90
1013940584	0225	022525	11	-1	G0444	XU		-29.45	0.00	0.00	0.00	CO-104	-0.32	
												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		LATE FILING CHARGE		0.00	NET	-235.13
STATUS CODE 22: Reversal of Previous Payment														

NAME	ALBERDA, DONALD K					HIC	XYK894141033 ACNT	4977LMD642			ICN	E18013246601	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	0.00	0.00	0.00	CO-104	1.71	
						REM: N1						CO-236	25.00	0.00
1013940584	0225	022525	11	1	G0442	XU		30.00	16.22	0.00	0.00	CO-45	13.78	15.90
1013940584	0225	022525	11	1	G0444	XU		29.45	16.22	0.00	0.00	CO-104	0.32	
												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	239.92	0.00	0.00		722.58	235.13
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	235.13
STATUS CODE 1: Processed as Primary														

NAME	HENDGES, HENRY M					HIC	XYK892205907 ACNT	5192LMD642			ICN	E18065222400	ASG Y	MOA
1306898036	0311	031125	11	1	99212	25		87.00	52.53	0.00	0.00	CO-45	34.47	51.48
1306898036	0311	031125	11	1	G2211			25.00	0.00	0.00	0.00	CO-104	1.05	
						REM: N1						CO-236	25.00	0.00
1306898036	0311	031125	11	1	11055	LT		126.28	0.00	0.00	0.00	CO-11	126.28	0.00
						REM: N657 N1								
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	52.53	0.00	0.00		186.80	51.48
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	51.48
STATUS CODE 1: Processed as Primary														



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25076B1000148993064559453 PAGE #: 2 of 2

REMITTANCE

ADVICE

DATE: 2025-03-21

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME ARTIS, KENNETH HIC XYK993555075 ACNT 5203LMD642 ICN E18071633200 ASG Y MOA												
INSURED NAME: ARTIS SR, KENNETH												
1306898036	0311	031125	11	1	85610 QW	21.00	4.29	0.00	0.00	CO-45 CO-104	16.71 0.09	4.20
PT RESP 0.00 CLAIM TOTALS						21.00	4.29	0.00	0.00		16.80	4.20
ADJ TO TOTAL: PREV PD INTEREST						0.00		LATE FILING CHARGE		0.00	NET	4.20
STATUS CODE 1: Processed as Primary												

NAME ALBERDA, STEVEN HIC XYK912357263 ACNT 5229LMD642 ICN E18075364100 ASG Y MOA												
INSURED NAME: ALBERDA, STEVEN H												
1306898036	0312	031225	10	1	98966	25.00	12.59	0.00	0.00	CO-45 CO-104	12.41 0.25	12.34
PT RESP 0.00 CLAIM TOTALS						25.00	12.59	0.00	0.00		12.66	12.34
ADJ TO TOTAL: PREV PD INTEREST						0.00		LATE FILING CHARGE		0.00	NET	12.34
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
	5	284.28	309.33	0.00	0.00	216.26	68.02	0.00	68.02

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

CO-104 Managed care withholding.

CO-11 The diagnosis is inconsistent with the procedure.

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

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.

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

