

HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601
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APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [941242]
7740 BYRON CENTER AVE SW STE 2

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-04-17
EFT #: 157099529250418
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	SHERWOOD, JAMIE D				HIC H67116942	ACNT 5667LMD642				ICN 820251000617549	ASG Y MOA	
1013940584	0402	040225	11	1	99214	25	219.00	120.84	0.00	0.00	CO-253	118.42
											CO-45	98.16
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	14.95
											CO-45	9.74
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-253	30.32
											CO-45	34.06
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	99401	33	65.00	0.00	0.00	0.00	CO-96	0.00
						REM: N431						
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	3079F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	1000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	1160F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
PT RESP		0.00			CLAIM	TOTALS	374.00	167.04	0.00	0.00		210.31
ADJ TO TOTAL: PREV PD					INTEREST		0.00					163.69
PLAN TYPE: MEDICARE ADVANTAGE PPO								LATE FILING CHARGE		0.00	NET	
STATUS CODE 1: Processed as Primary												



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PAGE #: 2 of 2

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DATE: 2025-04-17

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	BALTIERREZ, ROBERT	HIC	H40862793	ACNT	5573LMD642									
1306898036	0331	033125	11	1	99214	25		2.42	0.00	0.00	0.00	CO-253	2.42	0.00
							HCPI: RECONSIDERATION							
1306898036	0331	033125	11	1	99214	25		98.16	0.00	0.00	0.00	CO-45	98.16	0.00
							REM: N381							
							HCPI: RECONSIDERATION							
1306898036	0331	033125	11	1	G0447	XU		0.62	0.00	0.00	0.00	CO-253	0.62	0.00
							HCPI: RECONSIDERATION							
1306898036	0331	033125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1306898036	0331	033125	11	1	99214	25		118.42	0.00	0.00	0.00	CO-B13	118.42	0.00
							HCPI: RECONSIDERATION							
1306898036	0331	033125	11	1	G0447	XU		30.32	0.00	0.00	0.00	CO-B13	30.32	0.00
							HCPI: RECONSIDERATION							
1306898036	0331	033125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1306898036	0331	033125	11	1	G0447	XU		34.06	0.00	0.00	0.00	CO-45	34.06	0.00
							REM: N381							
							HCPI: RECONSIDERATION							
1306898036	0331	033125	11	1	2000F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1306898036	0331	033125	11	1	G2211			0.31	0.00	0.00	0.00	CO-253	0.31	0.00
							HCPI: RECONSIDERATION							
1306898036	0331	033125	11	1	1000F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1306898036	0331	033125	11	1	G2211			14.95	0.00	0.00	0.00	CO-B13	14.95	0.00
							HCPI: RECONSIDERATION							
1306898036	0331	033125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1306898036	0331	033125	11	1	G2211			9.74	0.00	0.00	0.00	CO-45	9.74	0.00
							REM: N381							
							HCPI: RECONSIDERATION							
1306898036	0331	033125	11	1	1160F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1306898036	0331	033125	11	1	99401	25		65.00	0.00	0.00	0.00	CO-96	65.00	0.00
							REM: N431							
							HCPI: RECONSIDERATION							
1306898036	0331	033125	11	1	3075F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1306898036	0331	033125	11	1	3079F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
PT RESP	0.00					CLAIM	TOTALS	374.00	0.00	0.00	0.00		374.00	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: MEDICARE ADVANTAGE PPO														
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	748.00	167.04	0.00	0.00	584.31	163.69	0.00	163.69

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.

CO-96 Non-covered charge(s).

CO-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.

N381 Consult our contractual agreement for restrictions / billing / payment information related to these charges.

N431 Service is not covered with this procedure.

