

HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601
(000)000-0000
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 5
DATE: 2025-06-30
EFT #: 162393445250701
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SEVIGNY, DONALD A					HIC H71343606	ACNT 7113LMD642			ICN 820251750648550	ASG Y	MOA	
1013940584	0620	062025	11	1	99214	25	219.00	120.84	0.00	0.00	CO-253	118.42
											CO-45	2.42
												98.16
1013940584	0620	062025	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	14.95
											CO-45	0.31
												9.74
1013940584	0620	062025	11	1	0513F		0.00	0.00	0.00	0.00		0.00
1013940584	0620	062025	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0620	062025	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0620	062025	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0620	062025	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0620	062025	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0620	062025	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0620	062025	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0620	062025	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		244.00	136.10	0.00	0.00		110.63
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	133.37
PLAN TYPE: MEDICARE ADVANTAGE PPO												
STATUS CODE 1: Processed as Primary												



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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SEVIGNY, DONALD A					HIC H71343606	ACNT 7112LMD642			ICN 820251750648626	ASG Y	MOA	
1013940584	0530	053025	11	1	99214	25	219.00	120.84	0.00	0.00	CO-253 CO-45	2.42 98.16 118.42
						HCPI: RECONSIDERATION						
1013940584	0530	053025	11	1	G2211		25.00	15.26	0.00	0.00	CO-253 CO-45	0.31 9.74 14.95
						HCPI: RECONSIDERATION						
1013940584	0530	053025	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-253 CO-45	0.62 34.06 30.32
						HCPI: RECONSIDERATION						
1013940584	0530	053025	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-253 CO-45	0.62 34.06 30.32
						HCPI: RECONSIDERATION						
1013940584	0530	053025	11	1	99401	25	65.00	0.00	0.00	0.00	CO-96	65.00 0.00
						REM: N431						
1013940584	0530	053025	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0530	053025	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0530	053025	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0530	053025	11	1	1000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0530	053025	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0530	053025	11	1	1160F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0530	053025	11	1	3075F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0530	053025	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
PT RESP	0.00				CLAIM TOTALS		439.00	197.98	0.00	0.00		244.99 194.01
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
PLAN TYPE: MEDICARE ADVANTAGE PPO												
STATUS CODE 1: Processed as Primary												

NAME SHERWOOD, JAMIE D					HIC H67116942	ACNT 7109LMD642			ICN 820251750647518	ASG Y	MOA	
1013940584	0620	062025	11	1	99214	25	241.68	120.84	0.00	0.00	CO-253 CO-45	2.42 120.84 118.42
						HCPI: RECONSIDERATION						
1013940584	0620	062025	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-253 CO-45	0.62 34.06 30.32
						HCPI: RECONSIDERATION						
1013940584	0620	062025	11	1	99401	25	65.00	0.00	0.00	0.00	CO-96	65.00 0.00
						REM: N431						
1013940584	0620	062025	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0620	062025	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0620	062025	11	1	G8476		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0620	062025	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0620	062025	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0620	062025	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0620	062025	11	1	1000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0620	062025	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0620	062025	11	1	1160F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
PT RESP	0.00				CLAIM TOTALS		371.68	151.78	0.00	0.00		222.94 148.74
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
PLAN TYPE: MEDICARE ADVANTAGE PPO												
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REMITTANCE

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DATE: 2025-06-30

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BROWN, CYNTHIA K					HIC H92176884	ACNT 6570LMD642			ICN 820251760592928	ASG Y	MOA	
1013940584	0521	052125	11	1	99214	25	219.00	120.84	0.00	0.00	CO-253 CO-45	2.42 98.16
1013940584	0521	052125	11	1	G2211		25.00	15.26	0.00	0.00	CO-253 CO-45	0.31 9.74
1013940584	0521	052125	11	1	G0446	XU	65.00	0.00	0.00	0.00	CO-96	65.00
1013940584	0521	052125	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-253 CO-45	0.62 34.06
1013940584	0521	052125	11	1	99401	25	65.00	0.00	0.00	0.00	CO-96	65.00
1013940584	0521	052125	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		439.00	167.04	0.00	0.00		275.31
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 163.69
PLAN TYPE: MEDICARE ADVANTAGE PPO												
STATUS CODE 1: Processed as Primary												

NAME BROWN, CYNTHIA K					HIC H92176884	ACNT 6588LMD642			ICN 820251760592929	ASG Y	MOA	
1013940584	0522	052225	11	1	99213	25	146.00	85.63	0.00	0.00	CO-253 CO-45	1.71 60.37
1013940584	0522	052225	11	1	10060	RT	262.90	117.77	0.00	0.00	CO-253 CO-45	2.36 145.13
1013940584	0522	052225	11	1	G2211		25.00	15.26	0.00	0.00	CO-253 CO-45	0.31 9.74
1013940584	0522	052225	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0522	052225	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0522	052225	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0522	052225	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0522	052225	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0522	052225	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0522	052225	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0522	052225	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0522	052225	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0522	052225	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0522	052225	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0522	052225	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		433.90	218.66	0.00	0.00		219.62
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 214.28
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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BROWN, CYNTHIA K						HIC H92176884	ACNT 7122LMD642			ICN 820251760592988	ASG Y	MOA		
1013940584	0623	062325	11	1	99214	25		219.00	120.84	0.00	0.00	CO-253 CO-45	2.42 98.16	118.42
							HCPI: RECONSIDERATION							
1013940584	0623	062325	11	1	G2211			25.00	15.26	0.00	0.00	CO-253 CO-45	0.31 9.74	14.95
							HCPI: RECONSIDERATION							
1013940584	0623	062325	11	1	G0446	XU		65.00	0.00	0.00	0.00	CO-96	65.00	0.00
							REM: N640							
							HCPI: RECONSIDERATION							
1013940584	0623	062325	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-253 CO-45	0.62 34.06	30.32
							HCPI: RECONSIDERATION							
1013940584	0623	062325	11	1	99401	25		65.00	0.00	0.00	0.00	CO-96	65.00	0.00
							REM: N431							
							HCPI: RECONSIDERATION							
1013940584	0623	062325	11	1	3074F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1013940584	0623	062325	11	1	3078F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1013940584	0623	062325	11	1	1036F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1013940584	0623	062325	11	1	3008F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1013940584	0623	062325	11	1	2001F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1013940584	0623	062325	11	1	2000F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1013940584	0623	062325	11	1	1000F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1013940584	0623	062325	11	1	1159F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
1013940584	0623	062325	11	1	1160F			0.00	0.00	0.00	0.00			0.00
							HCPI: RECONSIDERATION							
PT RESP		0.00				CLAIM TOTALS		439.00	167.04	0.00	0.00		275.31	163.69
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	163.69
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DATE: 2025-06-30

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MCINTYRE, FREDERICK C	HIC	68178042	ACNT	5885LMD642								
1306898036	0416	041625	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0416	041625	11	1	G0439		361.00	121.85	0.00	0.00	CO-253	119.41
						REM: N16					CO-45	2.44
						HCPI: RECONSIDERATION						239.15
1306898036	0416	041625	11	1	G0136	XU	34.80	17.40	0.00	0.00	CO-253	17.05
						REM: N16					CO-45	0.35
						HCPI: RECONSIDERATION						17.40
1306898036	0416	041625	11	1	99214	25	241.68	120.84	0.00	0.00	CO-253	113.52
						REM: N16					CO-45	2.32
											PR-3	120.84
						HCPI: RECONSIDERATION						5.00
1306898036	0416	041625	11	1	99497	33	132.00	77.66	0.00	0.00	CO-253	76.11
						REM: N16					CO-45	1.55
						HCPI: RECONSIDERATION						54.34
1306898036	0416	041625	11	1	36415		20.00	9.09	0.00	0.00	CO-253	8.91
						REM: N16					CO-45	0.18
						HCPI: RECONSIDERATION						10.91
1306898036	0416	041625	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	14.95
						REM: N16					CO-45	0.31
						HCPI: RECONSIDERATION						9.74
1306898036	0416	041625	11	1	G0444	XU	91.00	16.22	0.00	0.00	CO-253	15.90
						REM: N16					CO-45	0.32
						HCPI: RECONSIDERATION						74.78
1306898036	0416	041625	11	1	G0442	XU	43.00	16.22	0.00	0.00	CO-253	15.90
						REM: N16					CO-45	0.32
						HCPI: RECONSIDERATION						26.78
1306898036	0416	041625	11	1	G0446	XU	30.00	30.00	0.00	0.00	CO-253	29.40
						REM: N16						0.60
						HCPI: RECONSIDERATION						
1306898036	0416	041625	11	1	G0557	33	94.10	0.00	0.00	0.00	CO-4	94.10
						REM: N16						0.00
						HCPI: RECONSIDERATION						
1306898036	0416	041625	11	1	0513F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0416	041625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0416	041625	11	1	G9622		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0416	041625	11	1	1158F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0416	041625	11	1	1160F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0416	041625	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0416	041625	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0416	041625	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
PT RESP	5.00				CLAIM TOTALS		1072.58	424.54	0.00	0.00	661.43	411.15
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	411.15
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
	7	3439.16	1463.14	0.00	0.00	2010.23	1428.93	0.00	1428.93

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

CO-253 Sequestration - reduction in federal spending

CO-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.

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

CO-96 Non-covered charge(s).

N16 Family / member Out-of-Pocket maximum has been met. Payment based on a higher percentage.

N431 Service is not covered with this procedure.

N640 Exceeds number / frequency approved / allowed within time period.

PR-3 Co-payment Amount

