

UNITED HEALTHCARE INSURANCE COMPANY []
9900 BREN ROAD
MINNETONKA, MN 553439664
(877)842-3210

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE
7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-04-02
EFT #: W318085980
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	FENNEMA, ANDREW W			HIC 939020586	ACNT	5430LMD642			ICN EY74570899	0225974995	ASG Y MOA MA15
INSURED NAME:	FENNEMA, NICHOLAS R										
1013940584	0324	032425	11	1	99393	270.00	108.89	0.00	0.00	CO-45	161.11 108.89
PT RESP	0.00				CLAIM TOTALS	270.00	108.89	0.00	0.00		161.11 108.89
ADJ TO TOTAL:	PREV PD				INTEREST	0.00		LATE FILING CHARGE		0.00	NET 108.89
PLAN TYPE:	CHOYC										
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Overpayment Recovery (WO)		20250103	3916LMD642	6.06

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	270.00	108.89	0.00	0.00	161.11	102.83	6.06	102.83

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

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

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

