

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: 2025-03-26
NONPAY #: W317397891
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	PELKEY, LILY M				HIC 981551878	ACNT 5220LMD642				ICN EY33183601	0335763142	ASG Y MOA MA15
INSURED NAME: LOMONACO, ALAINA M												
1013940584	0312	031225	11	1	99214		219.00	102.87	102.87	0.00	CO-45	116.13 0.00
PT RESP	102.87				CLAIM TOTALS		219.00	102.87	102.87	0.00		116.13 0.00
ADJ TO TOTAL: PREV PD INTEREST							0.00	LATE FILING CHARGE			0.00	NET 0.00
PLAN TYPE: CHOYC+												
STATUS CODE 1: Processed as Primary												

NAME	PELKEY, LILY M				HIC 981551878	ACNT 5220LMD642				ICN EY33183601	0335763148	ASG Y MOA MA15
INSURED NAME: LOMONACO, ALAINA M												
1013940584	0312	031225	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0312	031225	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD INTEREST							0.00	LATE FILING CHARGE			0.00	NET 0.00
PLAN TYPE: CHOYC+												
STATUS CODE 1: Processed as Primary												

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	2	219.00	102.87	102.87	0.00	116.13	0.00	0.00	0.00

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.

PR-1 Deductible Amount

