

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 2
DATE: 2025-05-29
EFT #: 160061284250530
TAX ID #: 272620668

| REND | PROV | SERV | DATE | POS | NOS | PROC | MODS | BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AMT | PROV | PD |
|-----------------------|------|--------|------|-----|-------|-----------------------|------|------------|---------|--------------------|---------------------|-----------------|----------------|--------|
| NAME NGUYEN, TY | | | | | | HIC H75000196 | ACNT | 5926LMD642 | | | ICN 820251140629854 | ASG Y MOA | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | G0557 | | | 94.10 | 0.00 | 0.00 | 0.00 | CO-96 | 94.10 | 0.00 |
| | | | | | | REM: N180 | | | | | | | | |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | G0439 | | | 361.00 | 121.85 | 0.00 | 0.00 | CO-253 CO-45 | 2.44 239.15 | 119.41 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | 99397 | 25 | | 341.00 | 125.61 | 0.00 | 0.00 | CO-253 CO-45 | 2.51 215.39 | 123.10 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | 36415 | | | 20.00 | 9.09 | 0.00 | 0.00 | CO-253 CO-45 | 0.18 10.91 | 8.91 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | G8420 | | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | 3074F | | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | 3078F | | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | 1158F | | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | 1160F | | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | 1159F | | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | G9622 | | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | 1036F | | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | 2000F | | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | 2001F | | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | 3008F | | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | 1003F | | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | 1220F | | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | 1494F | | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | 2000F | | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | 2001F | | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | 2010F | | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | 3008F | | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | 99497 | 33 | | 132.00 | 0.00 | 0.00 | 0.00 | CO-96 | 132.00 | 0.00 |
| | | | | | | REM: N180 | | | | | | | | |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | G0136 | 33 | | 34.80 | 0.00 | 0.00 | 0.00 | CO-96 | 34.80 | 0.00 |
| | | | | | | REM: N180 | | | | | | | | |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | G0444 | XU | | 91.00 | 0.00 | 0.00 | 0.00 | CO-96 | 91.00 | 0.00 |
| | | | | | | REM: N180 | | | | | | | | |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| 1306898036 | 0418 | 041825 | 11 | 1 | G0442 | XU | | 43.00 | 0.00 | 0.00 | 0.00 | CO-96 | 43.00 | 0.00 |
| | | | | | | REM: N180 | | | | | | | | |
| | | | | | | HCPI: RECONSIDERATION | | | | | | | | |
| PT RESP | | 0.00 | | | | CLAIM TOTALS | | 1116.90 | 256.55 | 0.00 | 0.00 | | 865.48 | 251.42 |
| ADJ TO TOTAL: PREV PD | | | | | | INTEREST | | 0.00 | | LATE FILING CHARGE | | 0.00 | NET | 251.42 |



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REMITTANCE
ADVICE

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

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #:
DATE: 2025-05-29
EFT #: 160061284250530
TAX ID #: 272620668

BEND PROV SERV DATE POS NOS PROC MODS BILLED ALLOWED DEDUCT COINS GRP/RC-AMT PROV PD
PLAN TYPE: MEDICARE ADVANTAGE HMO
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 |
|---------|----------------|---------------|----------------|---------------|--------------|-----------------|----------------|-----------------|--------------|
| | 1 | 1116.90 | 256.55 | 0.00 | 0.00 | 865.48 | 251.42 | 0.00 | 251.42 |

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).
N180 This item or service does not meet the criteria for the category under which it was billed.

