

BLUE CARE NETWORK OF MICHIGAN - SELF-FUNDED []  
441 E. JEFFERSON  
DETROIT, MI 48226  
(000)000-0000

REMITTANCE  
ADVICE

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]  
7740 BYRON CENTER AVE  
  
BYRON CENTER, MI 49315

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-08-01  
EFT #: 25209B1000258979065105277  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	SMARCH, DENISE J				HIC 89301241001	ACNT 7501LMD642			ICN E18549505100	ASG Y	MOA		
1306898036	0717	071725	11	1	81003		33.60	2.36	0.00	0.00	CO-45	31.24	2.36
PT RESP	0.00				CLAIM TOTALS		33.60	2.36	0.00	0.00		31.24	2.36
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET	2.36
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				
	1	33.60	2.36	0.00	0.00	31.24	2.36	0.00	2.36				

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

