

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: 2025-07-23  
 NONPAY #: W329712629  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME NATIVIDAD, ALLEN			HIC 925506298		ACNT 7241LMD642	ICN FE38426689		0141471063		ASG Y	MOA MA15
INSURED NAME: NATIVIDAD, ALLEN J											
1013940584	0701	070125	11	1	0513F	0.00	0.00	0.00	0.00		0.00
1013940584	0701	070125	11	1	G8427	0.00	0.00	0.00	0.00		0.00
1013940584	0701	070125	11	1	3074F	0.00	0.00	0.00	0.00		0.00
1013940584	0701	070125	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	0.00	
PLAN TYPE: CHOYC+											
STATUS CODE 1: Processed as Primary											

NAME ULRICH, CHARLES E			HIC 975450985		ACNT 7186LMD642	ICN FE64128910		0091280276		ASG Y	MOA MA15
1013940584	0624	062425	11	1	G8420	0.00	0.00	0.00	0.00		0.00
1013940584	0624	062425	11	1	1036F	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	0.00	
PLAN TYPE: MIND											
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)											
CLAIM INFORMATION FORWARDED TO: UNITED HEALTHCARE SERVICESINC.											

NAME ULRICH, CHARLES E			HIC 975450985		ACNT 7186LMD642	ICN FE64128910		0091280278		ASG Y	MOA MA15
1013940584	0624	062425	11	1	G0446 XU	61.88	0.00	0.00	0.00	OA-23	61.88
REM: N567											
PT RESP		0.00	CLAIM TOTALS			61.88	0.00	0.00	0.00	61.88	0.00
ADJ TO TOTAL: PREV PD		INTEREST		0.00	LATE FILING CHARGE		0.00	NET	0.00	0.00	
PLAN TYPE: MIND											
STATUS CODE 20: Processed as Secondary, Forwarded to Additional Payer(s)											
CLAIM INFORMATION FORWARDED TO: UNITED HEALTHCARE SERVICESINC.											

NAME ULRICH, CHARLES E			HIC 975450985		ACNT 7186LMD642	ICN FE64128910		0091280279		ASG Y	MOA MA15
1013940584	0624	062425	11	1	36415	20.00	0.00	0.00	0.00	OA-23	20.00
REM: N567											
PT RESP		0.00	CLAIM TOTALS			20.00	0.00	0.00	0.00	20.00	0.00
ADJ TO TOTAL: PREV PD		INTEREST		0.00	LATE FILING CHARGE		0.00	NET	0.00	0.00	
PLAN TYPE: MIND											
STATUS CODE 20: Processed as Secondary, Forwarded to Additional Payer(s)											
CLAIM INFORMATION FORWARDED TO: UNITED HEALTHCARE SERVICESINC.											

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	4	81.88	0.00	0.00	0.00	81.88	0.00	0.00	0.00

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

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

N567 Not covered when considered preventative.

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

