

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 2
DATE: 2025-05-02
EFT #: 25118B1000267531065052400
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME PARMER, IRVIN R				HIC 92251610401		ACNT	5993LMD642	ICN E18227653200		ASG Y		MOA		
1306898036	0422	042225	11	1	99396	25		327.00	139.99	0.00	0.00	CO-45	187.01	139.99
1306898036	0422	042225	11	1	G0136	33		65.00	29.48	29.48	0.00	CO-45	35.52	0.00
1306898036	0422	042225	11	1	96127	XU		40.00	7.25	0.00	0.00	CO-45	32.75	7.25
1306898036	0422	042225	11	1	96160	XU		25.00	0.00	0.00	0.00	CO-97	25.00	0.00
REM: N1														
1306898036	0422	042225	11	1	36415			20.00	4.86	0.00	0.00	CO-45	15.14	4.86
1306898036	0422	042225	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225	11	1	3008F			0.00	0.00	0.00	0.00			0.00
PT RESP	29.48			CLAIM TOTALS				477.00	181.58	29.48	0.00		295.42	152.10
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	152.10
STATUS CODE 1: Processed as Primary														

NAME ANDERSON, IAN				HIC XYS916712702		ACNT	5945LMD642	ICN E18228797400		ASG Y		MOA		
INSURED NAME: FENNEMA, BRADLEY E														
1013940584	0321	032125	11	1	99214			219.00	120.88	0.00	0.00	CO-45	98.12	0.00
												CO-24	90.88	
												PR-3	30.00	
1013940584	0321	032125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	30.00			CLAIM TOTALS				219.00	120.88	0.00	0.00		219.00	0.00
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

NAME BROUGHAM, MICHAEL J				HIC 91661540401		ACNT	5991LMD642	ICN E18232051800		ASG Y		MOA		
1306898036	0422	042225	11	1	99396	25		327.00	139.99	0.00	0.00	CO-45	187.01	0.00
												CO-24	139.99	
1306898036	0422	042225	11	1	G0136	33		65.00	29.48	29.48	0.00	CO-45	35.52	0.00
1306898036	0422	042225	11	1	96127	XU		40.00	7.25	0.00	0.00	CO-45	32.75	7.25
1306898036	0422	042225	11	1	96160	XU		25.00	0.00	0.00	0.00	CO-97	25.00	0.00
REM: N1														
1306898036	0422	042225	11	1	G0447	XU		65.00	39.31	0.00	0.00	CO-45	25.69	39.31
1306898036	0422	042225	11	1	99401	25		65.00	0.00	0.00	0.00	CO-231	65.00	0.00
REM: N1														
1306898036	0422	042225	11	1	G0446	XU		61.88	39.31	0.00	0.00	CO-45	22.57	39.31
1306898036	0422	042225	11	1	36415			20.00	4.86	0.00	0.00	CO-45	15.14	0.00
												CO-24	4.86	
1306898036	0422	042225	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	29.48			CLAIM TOTALS				668.88	260.20	29.48	0.00		553.53	85.87
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	85.87
STATUS CODE 1: Processed as Primary														



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NPI #: 1982923660 BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]
 EFT #: 25118B1000267531065052400 PAGE #: 2 of 2

REMITTANCE
 ADVICE
 DATE: 2025-05-02

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	MARTIN, LOGAN T				HIC	91782322001	ACNT	6029LMD642		ICN	E18232643500	ASG Y MOA
1013940584	0423	042325	11	1	99214			219.00	120.88	0.00	0.00	0.00
											CO-45	98.12
											CO-24	95.88
											PR-3	25.00
1013940584	0423	042325	11	1	3008F			0.00	0.00	0.00	0.00	0.00
1013940584	0423	042325	11	1	2001F			0.00	0.00	0.00	0.00	0.00
1013940584	0423	042325	11	1	2000F			0.00	0.00	0.00	0.00	0.00
1013940584	0423	042325	11	1	1000F			0.00	0.00	0.00	0.00	0.00
1013940584	0423	042325	11	1	1159F			0.00	0.00	0.00	0.00	0.00
1013940584	0423	042325	11	1	1160F			0.00	0.00	0.00	0.00	0.00
PT RESP	25.00				CLAIM TOTALS			219.00	120.88	0.00	0.00	219.00
ADJ TO TOTAL:	PREV PD				INTEREST			0.00		LATE FILING CHARGE		0.00
STATUS CODE 1:	Processed as Primary											0.00

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	4	1583.88	683.54	58.96	0.00	1286.95	237.97	0.00	237.97

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

CO-231 Mutually exclusive procedures cannot be done in the same day / setting. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.

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

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

N1 Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract or plan benefit documents.

PR-1 Deductible Amount

PR-3 Co-payment Amount

