BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

7740 BYRON CENTER AVE

(000)000-0000

BYRON CENTER, MI 49315

1982923660 PAGE #: 1 of T 2025-07-20 DATE:

NONPAY #: TAX ID #: 25202B100025894000 272620668

REND PRO	V SERV DAT	E POS	NOS	PROC	MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PD
NAME MARTIN, LOGAN T				2 91782	322001	2001 ACNT	7411LMD64		ICN E1852805170		0 ASG Y MOA		
10139405	84 0711 071	125 11	1	99213			146.00	84.25	0.00	0.00	CO-45	61.75	0.00
											CO-24	59.25	
											PR-3	25.00	
10139405	84 0711 071	125 11	1	G8476			0.00	0.00	0.00	0.00			0.00
10139405	84 0711 071	125 11	1	G8420			0.00	0.00	0.00	0.00			0.00
10139405	84 0711 071	125 11	1	G8427			0.00	0.00	0.00	0.00			0.00
10139405	84 0711 071	125 11	1	3074F			0.00	0.00	0.00	0.00			0.00
10139405	84 0711 071	125 11	1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP	25.00			CLAIM '	TOTALS		146.00	84.25	0.00	0.00		146.00	0.00
ADJ TO T	OTAL: PREV	PD			INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS C	ODE 1: Prod	essed a	s Pr	imary									
		NAME MARTIN, MAXX R											
				C XYS91	7823220	ACNT	7413LMD64	2	ICN E	1852882580	00 ASG	Y MOA	
INSURED	NAME: MART	N, LOGA		C XYS91	7823220	ACNT			ICN I	E185288258 0	00 ASG	Y MOA	
INSURED		N, LOGA	N T	C XYS91' 99213	7823220	ACNT	7413LMD64	2 84.25	1CN E	0.00	00 ASG CO-45	Y MOA 61.75	0.00
INSURED	NAME: MART	N, LOGA	N T		7823220	ACNT							0.00
INSURED	NAME: MART	N, LOGA	N T		7823220	ACNT					CO-45	61.75	0.00
INSURED 10139405	NAME: MART	N, LOGA 125 11	N T 1		7823220	ACNT					CO-45 CO-24	61.75 59.25	
INSURED 10139405 10139405	NAME: MARTI 84 0711 071	IN, LOGA 125 11	N T 1	99213	7823220	ACNT	146.00	84.25	0.00	0.00	CO-45 CO-24	61.75 59.25	0.00
INSURED 10139405 10139405 10139405	NAME: MARTI 84 0711 071 84 0711 071	N, LOGA 125 11 .125 11 .125 11	N T 1 1	99213 G8476	7823220	ACNT	146.00	84.25 0.00	0.00	0.00	CO-45 CO-24	61.75 59.25	0.00
INSURED 10139405 10139405 10139405 10139405	NAME: MARTI 84 0711 071 84 0711 071 84 0711 071	.125 11 .125 11 .125 11 .125 11 .125 11	N T 1 1 1 1	99213 G8476 G8427	7823220	ACNT	0.00 0.00	84.25 0.00 0.00	0.00	0.00 0.00 0.00	CO-45 CO-24	61.75 59.25	0.00 0.00 0.00
INSURED 10139405 10139405 10139405 10139405	NAME: MARTI 84 0711 071 84 0711 071 84 0711 071 84 0711 071	.125 11 .125 11 .125 11 .125 11 .125 11	N T 1 1 1 1	99213 G8476 G8427 3074F		ACNT	0.00 0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	CO-45 CO-24	61.75 59.25	0.00 0.00 0.00
INSURED 10139405 10139405 10139405 10139405 10139405 PT RESP	NAME: MARTI 84 0711 071 84 0711 071 84 0711 071 84 0711 071 84 0711 071	.125 11 .125 11 .125 11 .125 11 .125 11 .125 11	N T 1 1 1 1	99213 G8476 G8427 3074F 3078F			0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 84.25	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	CO-45 CO-24	61.75 59.25 25.00	0.00 0.00 0.00
INSURED 10139405 10139405 10139405 10139405 PT RESP ADJ TO T	NAME: MARTI 84 0711 071 84 0711 071 84 0711 071 84 0711 071 25.00	125 11 125 11 125 11 125 11 125 11 125 11 125 11	N T 1 1 1 1	99213 G8476 G8427 3074F 3078F CLAIM	TOTALS		0.00 0.00 0.00 0.00 0.00 146.00	0.00 0.00 0.00 0.00 0.00 84.25	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	CO-45 CO-24 PR-3	61.75 59.25 25.00	0.00 0.00 0.00 0.00
INSURED 10139405 10139405 10139405 10139405 PT RESP ADJ TO T	NAME: MARTI 84 0711 071 84 0711 071 84 0711 071 84 0711 071 25.00 OTAL: PREV	125 11 125 11 125 11 125 11 125 11 125 11 125 11	N T 1 1 1 1 1 1 s Pr:	99213 G8476 G8427 3074F 3078F CLAIM	TOTALS INTER		0.00 0.00 0.00 0.00 0.00 146.00	0.00 0.00 0.00 0.00 0.00 84.25	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	CO-45 CO-24 PR-3	61.75 59.25 25.00	0.00 0.00 0.00 0.00
10139405 10139405 10139405 10139405 10139405 PT RESP ADJ TO TO	NAME: MARTI 84 0711 071 84 0711 071 84 0711 071 84 0711 071 25.00 OTAL: PREV	125 11 125 11 125 11 125 11 125 11 125 11 125 11 PD	N T 1 1 1 1 1 1 s Pr:	99213 G8476 G8427 3074F 3078F CLAIM	TOTALS INTER	EST	0.00 0.00 0.00 0.00 146.00 0.00	0.00 0.00 0.00 0.00 0.00 84.25 LATE	0.00 0.00 0.00 0.00 0.00 0.00 FILING	0.00 0.00 0.00 0.00 0.00 0.00 CHARGE	CO-45 CO-24 PR-3	61.75 59.25 25.00 146.00 NET	0.00 0.00 0.00 0.00 0.00

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

Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan. Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement. CO-24

CO-45

PR-3 Co-payment Amount

