

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: 2025-03-19
NONPAY #: W316634233
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME NATIVIDAD, ALLEN J			HIC 925506298		ACNT 5091LMD642		ICN EY06993866		0140570327		ASG Y	MOA MA15
1013940584	0304	030425	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	1000F		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
PLAN TYPE: CHOYC+												
STATUS CODE 1: Processed as Primary												

NAME NATIVIDAD, ALLEN J			HIC 925506298		ACNT 5091LMD642		ICN EY06993866		0140570328		ASG Y	MOA MA15
1013940584	0304	030425	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	1160F		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
PLAN TYPE: CHOYC+												
STATUS CODE 1: Processed as Primary												

NAME KEENA, SARAH J			HIC 916321068		ACNT 5147LMD642		ICN EY18534707		0124570560		ASG Y	MOA MA15
1013940584	0307	030725	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0307	030725	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0307	030725	11	1	G9621		0.00	0.00	0.00	0.00		0.00
1013940584	0307	030725	11	1	G8431		0.00	0.00	0.00	0.00		0.00
1013940584	0307	030725	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0307	030725	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0307	030725	11	1	G8420		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
PLAN TYPE: CHOYC+												
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
	3	0.00	0.00	0.00	0.00	0.00	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.

