

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: 2025-06-13  
 EFT #: 25160B1000276408065076841  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME ANDERSON, IAN			HIC		XYS916712702 ACNT		6692LMD642		ICN E18377862400		ASG Y	MOA	
INSURED NAME: FENNEMA, BRADLEY E													
1013940584	0529	052925	11	1	99214		219.00	120.88	0.00	0.00	CO-45 CO-24 PR-3	98.12 90.88 30.00	0.00
1013940584	0529	052925	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1013940584	0529	052925	11	1	3074F		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 REMO, ZACHARY				HIC XYS916038191 ACNT 6719LMD642				ICN E18380985400		ASG Y	MOA	
INSURED NAME: REMO, AMANDA												
1306898036	0602	060225	11	1	99385 25	341.00	146.02	0.00	0.00	CO-45	194.98	146.02
1306898036	0602	060225	11	1	G0442 XU	30.00	29.48	0.00	0.00	CO-45	0.52	29.48
1306898036	0602	060225	11	1	G0444 XU	29.45	29.45	0.00	0.00			29.45
1306898036	0602	060225	11	1	G0136 33	65.00	29.48	29.48	0.00	CO-45	35.52	0.00
1306898036	0602	060225	11	1	3074F	0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	11	1	3078F	0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	11	1	G9622	0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	11	1	1036F	0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	11	1	G8510	0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	11	1	3008F	0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	11	1	2001F	0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	11	1	2000F	0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	11	1	1000F	0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	11	1	1159F	0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	11	1	1160F	0.00	0.00	0.00	0.00			0.00
PT RESP	29.48	CLAIM TOTALS				465.45	234.43	29.48	0.00		231.02	204.95
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	204.95
STATUS CODE 1: Processed as Primary												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	684.45	355.31	29.48	0.00	450.02	204.95	0.00	204.95

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
 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.  
 PR-1 Deductible Amount  
 PR-3 Co-payment Amount

