

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: 2025-05-08
 EFT #: T2452477
 TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	ZEAGLER, CARL R					HIC 996975784	ACNT 5851LMD642				ICN OEB3637486000	ASG Y MOA		
1306898036	0415	041525	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.42
												CO-253	2.43	
1306898036	0415	041525	11	1	99397	25		341.00	125.61	0.00	0.00	CO-45	215.39	123.10
												CO-253	2.51	
1306898036	0415	041525	11	1	99497	33		132.00	77.66	0.00	0.00	CO-45	54.34	76.11
												CO-253	1.55	
1306898036	0415	041525	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1306898036	0415	041525	11	1	G2211			25.00	0.00	0.00	0.00	PI-97	25.00	0.00
						REM: N122								
1306898036	0415	041525	11	1	G0136	XU		65.00	17.40	0.00	0.00	CO-45	47.60	17.06
												CO-253	0.34	
1306898036	0415	041525	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1306898036	0415	041525	11	1	G0444	XU		91.00	16.22	0.00	0.00	CO-45	74.78	15.90
												CO-253	0.32	
1306898036	0415	041525	11	1	G0442	XU		43.00	16.22	0.00	0.00	CO-45	26.78	15.90
												CO-253	0.32	
1306898036	0415	041525	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.33
												CO-253	0.61	
1306898036	0415	041525	11	1	99401	25		0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	G0446	XU		61.88	30.94	0.00	0.00	CO-45	30.94	30.33
												CO-253	0.61	
1306898036	0415	041525	11	1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	5.67
												CO-253	0.11	
1306898036	0415	041525	11	1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67	5.08
												CO-253	0.10	
1306898036	0415	041525	11	1	1158F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	3060F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		1257.43	465.98	0.00	0.00		800.71	456.72
ADJ TO TOTAL: PREV PD						INTEREST		0.00					NET	456.72
PLAN TYPE: AT&TINC.														
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
	1	1257.43	465.98	0.00	0.00	800.71	456.72	0.00	456.72

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-253 Sequestration - reduction in federal spending
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N122 Add-on code cannot be billed by itself.
 PI-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

