

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: 2025-03-26
 EFT #: W317397890
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CASAVANT, STACEY L			HIC 900243028	ACNT	5228LMD642				ICN EY33183603	0335763101	ASG Y MOA
1306898036	0312	031225	11	1	96372 59	45.00	26.22	0.00	0.00	CO-45	18.78 26.22
PT RESP	0.00				CLAIM TOTALS	45.00	26.22	0.00	0.00		18.78 26.22
ADJ TO TOTAL: PREV PD					INTEREST	0.00		LATE FILING CHARGE		0.00	NET 26.22
PLAN TYPE: CHOYC+											
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	45.00	26.22	0.00	0.00	18.78	26.22	0.00	26.22

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

