

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: 2025-04-04
 EFT #: T0606196
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME THOMAS, WILLIAM M			HIC 912691337		ACNT 5127LMD642		ICN STL3680534400			ASG Y	MOA	
INSURED NAME: THOMAS JR, WILLIAM M												
1013940584	0306	030625	11	1	99213	25	146.00	85.63	0.00	0.00	CO-45	83.92
											CO-253	1.71
1013940584	0306	030625	11	1	20610	RT	155.00	61.13	0.00	0.00	CO-45	59.91
											CO-253	1.22
1013940584	0306	030625	11	1.5	J1010	RT	1.50	0.12	0.00	0.02	CO-45	0.10
1013940584	0306	030625	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.02	CLAIM TOTALS				302.50	146.88	0.00	0.02	158.55	143.93
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE			0.00	143.93
PLAN TYPE: AARP MEDICARE ADVANTAGE												
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
	1	302.50	146.88	0.00	0.02	158.55	143.93	0.00	143.93

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.
 PR-2 Coinsurance Amount

