

UNITEDHEALTHCARE COMMUNITY PLAN INC []  
MICHIGAN  
KINGSTON, NY 124025280  
(888)478-4760

REMITTANCE  
ADVICE

BYRON CENTER FAMILY MEDICINE  
7740 BYRON CENTER AVE SW STE 202

BYRON CENTER, MI 493156929

TAX ID #: 272620668  
PAGE #: 1 of 1  
DATE: 2025-05-05  
NONPAY #: 25122B1000337152

| REND                                | PROV | SERV DATE | POS  | NOS | PROC          | MODS         | BILLED          | ALLOWED | DEDUCT | COINS            | GRP/RC-AMT | PROV PD |
|-------------------------------------|------|-----------|------|-----|---------------|--------------|-----------------|---------|--------|------------------|------------|---------|
| NAME BARKHUFF, JEFFERY E            |      |           |      |     | HIC 132726730 |              | ACNT 4679LMD642 |         |        | ICN RA6284056200 | ASG Y      | MOA N30 |
| 1013940584                          | 0110 | 011025    | 11   | 1   | 99215         |              | 295.00          | 0.00    | 0.00   | 0.00             | PR-26      | 295.00  |
|                                     |      |           | (M1) |     |               | REM: N30     |                 |         |        |                  |            |         |
| 1013940584                          | 0110 | 011025    | 11   | 1   | 3074F         |              | 0.00            | 0.00    | 0.00   | 0.00             |            | 0.00    |
|                                     |      |           | (M2) |     |               | REM: N30     |                 |         |        |                  |            |         |
| 1013940584                          | 0110 | 011025    | 11   | 1   | 3078F         |              | 0.00            | 0.00    | 0.00   | 0.00             |            | 0.00    |
|                                     |      |           | (M3) |     |               | REM: N30     |                 |         |        |                  |            |         |
| 1013940584                          | 0110 | 011025    | 11   | 1   | 2000F         |              | 0.00            | 0.00    | 0.00   | 0.00             |            | 0.00    |
|                                     |      |           | (M4) |     |               | REM: N30     |                 |         |        |                  |            |         |
| 1013940584                          | 0110 | 011025    | 11   | 1   | 1000F         |              | 0.00            | 0.00    | 0.00   | 0.00             |            | 0.00    |
|                                     |      |           | (M5) |     |               | REM: N30     |                 |         |        |                  |            |         |
| 1013940584                          | 0110 | 011025    | 11   | 1   | 3008F         |              | 0.00            | 0.00    | 0.00   | 0.00             |            | 0.00    |
|                                     |      |           | (M6) |     |               | REM: N30     |                 |         |        |                  |            |         |
| 1013940584                          | 0110 | 011025    | 11   | 1   | 2001F         |              | 0.00            | 0.00    | 0.00   | 0.00             |            | 0.00    |
|                                     |      |           | (M7) |     |               | REM: N30     |                 |         |        |                  |            |         |
| 1013940584                          | 0110 | 011025    | 11   | 1   | 1160F         |              | 0.00            | 0.00    | 0.00   | 0.00             |            | 0.00    |
|                                     |      |           | (M8) |     |               | REM: N30     |                 |         |        |                  |            |         |
| 1013940584                          | 0110 | 011025    | 11   | 1   | 1159F         |              | 0.00            | 0.00    | 0.00   | 0.00             |            | 0.00    |
|                                     |      |           | (M9) |     |               | REM: N30     |                 |         |        |                  |            |         |
| PT RESP                             |      | 295.00    |      |     |               | CLAIM TOTALS | 295.00          | 0.00    | 0.00   | 0.00             |            | 295.00  |
| ADJ TO TOTAL: PREV PD               |      |           |      |     |               | INTEREST     | 0.00            |         |        |                  |            | 0.00    |
| PLAN TYPE: UHC SILVER-C VALUE       |      |           |      |     |               |              |                 |         |        |                  |            |         |
| 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      | 295.00 | 0.00    | 0.00   | 0.00  | 295.00 | 0.00    | 0.00    | 0.00  |

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
N30 Patient ineligible for this service.  
PR-26 Expenses incurred prior to coverage.

