

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: 2025-04-07
EFT #: T0760145
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BAGLEY, CHRISTOPHER S			HIC	987386020	ACNT	5115LMD642	ICN STL3707291900			ASG Y	MOA	
INSURED NAME: BAGLEY, CHRISTOPHER M												
1013940584	1205	120524	11	1	99214		219.00	123.66	0.00	0.00	CO-45 CO-253	95.34 2.47 121.19
1013940584	1205	120524	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	1205	120524	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	1205	120524	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	1205	120524	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	1205	120524	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	1205	120524	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	1205	120524	11	1	3077F		0.00	0.00	0.00	0.00		0.00
1013940584	1205	120524	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS				219.00	123.66	0.00	0.00		97.81 121.19
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET
PLAN TYPE: AARP MEDICARE ADVANTAGE UHC												
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	219.00	123.66	0.00	0.00	97.81	121.19	0.00	121.19

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.

