

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: 2025-05-14  
 NONPAY #: W322538925  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ROWLAND, BRENT			HIC 968915689		ACNT 6022LMD642		ICN FA82830646			0101442216		ASG Y
INSURED NAME: ROWLAND, BRENT W												MOA MA15
1013940584	0423	042325	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0423	042325	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0423	042325	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0423	042325	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0423	042325	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0423	042325	11	1	1000F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	0.00
PLAN TYPE: CHOYC+											NET	0.00
STATUS CODE 1: Processed as Primary												

NAME ROWLAND, BRENT			HIC 968915689		ACNT 6022LMD642		ICN FA82830646			0101442217		ASG Y
INSURED NAME: ROWLAND, BRENT W												MOA MA15
1013940584	0423	042325	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0423	042325	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	0.00
PLAN TYPE: CHOYC+											NET	0.00
STATUS CODE 1: Processed as Primary												

NAME ROWLAND, BRENT			HIC 968915689		ACNT 6022LMD642		ICN FA82830646			0101442218		ASG Y
INSURED NAME: ROWLAND, BRENT W												MOA MA15
1013940584	0423	042325	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	0.00
PLAN TYPE: CHOYC+											NET	0.00
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
	3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
 MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

