

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: 2025-06-23
 EFT #: T4638294
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BILSKI, JOHN C			HIC 987110724		ACNT 6660LMD642		ICN OEB0072870600		ASG Y MOA			
1013940584	0528	052825	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15
											CO-253	2.43
1013940584	0528	052825	11	1	99397	24	341.00	125.61	0.00	0.00	CO-45	215.39
											CO-253	2.51
1013940584	0528	052825	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-45	47.60
											CO-253	0.34
1013940584	0528	052825	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91
											CO-253	0.18
1013940584	0528	052825	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92
											CO-253	0.11
1013940584	0528	052825	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67
											CO-253	0.10
1013940584	0528	052825	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06
											CO-253	0.61
1013940584	0528	052825	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-45	13.78
											CO-253	0.32
1013940584	0528	052825	11	1	G0444	XU	29.45	16.22	0.00	0.00	CO-45	13.23
											CO-253	0.32
1013940584	0528	052825	11	1	G2211		25.00	0.00	0.00	0.00	PI-97	25.00
REM: N122												
1013940584	0528	052825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0528	052825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0528	052825	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0528	052825	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1013940584	0528	052825	11	1	3061F		0.00	0.00	0.00	0.00		0.00
1013940584	0528	052825	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		969.00	348.29	0.00	0.00		627.63
ADJ TO TOTAL: PREV PD					INTEREST		0.00					341.37
PLAN TYPE: AT&TINC.												
STATUS CODE 1: Processed as Primary												

NAME BILSKI, JOHN C			HIC 987110724		ACNT 6669LMD642		ICN OEB0085621800		ASG Y MOA			
1013940584	0528	052825	11	1	99499		0.01	0.00	0.00	0.00	PI-16	0.01
REM: N350												
PT RESP	0.00				CLAIM TOTALS		0.01	0.00	0.00	0.00		0.01
ADJ TO TOTAL: PREV PD					INTEREST		0.00					0.00
PLAN TYPE: AT&TINC.												
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
	2	969.01	348.29	0.00	0.00	627.64	341.37	0.00	341.37

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.
 N122 Add-on code cannot be billed by itself.
 N350 Missing / incomplete / invalid description of service for a Not Otherwise Classified (NOC) code or for an Unlisted / By Report procedure.
 PI-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.
 PI-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

