

BLUE CARE NETWORK OF MICHIGAN - SELF-FUNDED []  
441 E. JEFFERSON  
DETROIT, MI 48226  
(000)000-0000

REMITTANCE  
ADVICE

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]  
7740 BYRON CENTER AVE  
  
BYRON CENTER, MI 49315

NPI #: 1982923660  
PAGE #: 1 of 2  
DATE: 2025-07-07  
EFT #: 25181B1000266564065089186  
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD	
NAME REMO, KENNETH				HIC		XYS916038191		ACNT	7082LMD642		ICN E18460280800		ASG Y	MOA	
INSURED NAME: REMO, AMANDA															
1306898036	0620	062025	11	1	99213	25		146.00	41.68	0.00	0.00	CO-B10	104.32	0.00	
						REM: M80 N1									
														CO-24	20.84
														PR-3	20.84
1306898036	0620	062025	11	1	99401	25		65.00	0.00	0.00	0.00	CO-B14	65.00	0.00	
						REM: N1									
1306898036	0620	062025	11	1	36415			20.00	4.86	0.00	0.00	CO-45	15.14	0.00	
														CO-24	4.86
1306898036	0620	062025	11	1	0513F			0.00	0.00	0.00	0.00			0.00	
1306898036	0620	062025	11	1	G8420			0.00	0.00	0.00	0.00			0.00	
1306898036	0620	062025	11	1	G8427			0.00	0.00	0.00	0.00			0.00	
1306898036	0620	062025	11	1	3074F			0.00	0.00	0.00	0.00			0.00	
1306898036	0620	062025	11	1	3078F			0.00	0.00	0.00	0.00			0.00	
1306898036	0620	062025	11	1	1036F			0.00	0.00	0.00	0.00			0.00	
1306898036	0620	062025	11	1	3008F			0.00	0.00	0.00	0.00			0.00	
1306898036	0620	062025	11	1	2001F			0.00	0.00	0.00	0.00			0.00	
1306898036	0620	062025	11	1	2000F			0.00	0.00	0.00	0.00			0.00	
1306898036	0620	062025	11	1	1000F			0.00	0.00	0.00	0.00			0.00	
1306898036	0620	062025	11	1	1159F			0.00	0.00	0.00	0.00			0.00	
1306898036	0620	062025	11	1	1160F			0.00	0.00	0.00	0.00			0.00	
PT RESP		20.84				CLAIM TOTALS		231.00	46.54	0.00	0.00		231.00	0.00	
ADJ TO TOTAL: PREV PD						INTEREST		0.00	LATE FILING CHARGE			0.00	NET	0.00	
STATUS CODE 1: Processed as Primary															

NAME MERRILL, NATHAN				HIC 91691142901		ACNT 6441LMD642		ICN E18463495200		ASG Y		MOA		
INSURED NAME: MERRILL, NATHAN M														
1306898036	0516	051625	11	1	99395	25		297.00	125.42	0.00	0.00	CO-45	171.58	0.00
												CO-24	125.42	
1306898036	0516	051625	11	1	36415			20.00	4.63	0.00	0.00	CO-45	15.37	0.00
												CO-24	4.63	
1306898036	0516	051625	11	1	G0136	33		34.80	28.08	0.00	0.00	CO-45	6.72	28.08
1306898036	0516	051625	11	1	G0444	XU		29.45	0.00	0.00	0.00	CO-97	29.45	0.00
							REM: N1							
1306898036	0516	051625	11	1	G0442	XU		30.00	28.08	0.00	0.00	CO-45	1.92	0.00
												CO-24	28.08	
1306898036	0516	051625	11	1	G0447	XU		65.00	37.44	0.00	0.00	CO-45	27.56	0.00
												CO-24	37.44	
1306898036	0516	051625	11	1	G0443	XU		61.88	36.95	0.00	0.00	CO-45	24.93	0.00
												CO-24	36.95	
1306898036	0516	051625	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	G2211			30.52	0.00	0.00	0.00	CO-B15	30.52	0.00
							REM: M51 N1							
1306898036	0516	051625	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	2010F			0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	1003F			0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	1220F			0.00	0.00	0.00	0.00			0.00
1306898036	0516	051625	11	1	3016F			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00		CLAIM TOTALS				568.65	260.60	0.00	0.00		540.57	28.08
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	28.08
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
	2	799.65	307.14	0.00	0.00	771.57	28.08	0.00	28.08



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REMITTANCE

NPI #: 1982923660 BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

ADVICE

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GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

CO-B10 Allowed amount has been reduced because a component of the basic procedure / test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure / test.

CO-B14 Payment denied because only one visit or consultation per physician per day is covered.

CO-B15 Payment adjusted because this service / procedure requires that a qualifying service / procedure be received and covered. The qualifying other service / procedure has not been received / adjudicated.

M51 Missing / incomplete / invalid procedure code(s).

M80 Not covered when performed during the same session / date as a previously processed service for the patient.

N1 Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract or plan benefit documents.

PR-3 Co-payment Amount

