

BLUE CARE NETWORK OF MICHIGAN - SELF-FUNDED HRA []
 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 1
 DATE: 2025-03-30
 NONPAY #: 25090B100029227600
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SCOTT, WENDELL L				HIC 91537286301	ACNT 5466LMD642			ICN E18124064400	ASG Y	MOA	
1306898036	0325	032525	11	1 99213		146.00	0.00	0.00	0.00	CO-187	146.00 0.00
1306898036	0325	032525	11	1 3075F		0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1 3079F		0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1 3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1 2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1 2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1 1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1 1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0325	032525	11	1 1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		146.00	0.00	0.00	0.00		146.00 0.00
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 2: Processed as Secondary											

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	146.00	0.00	0.00	0.00	146.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-187 Health Savings account payments

