

HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601
(000)000-0000
APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [941242]
7740 BYRON CENTER AVE SW STE 2

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 4
DATE: 2025-05-09
EFT #: 158665740250510
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	AUGUST, MABEL					HIC H70471467	ACNT 5077LMD642				ICN 820250630672917	ASG Y MOA		
1013940584	0303	030325	11	1	G2211			25.00	15.26	0.00	0.00	CO-253 CO-45	0.31 9.74	14.95
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	G0438			119.41	0.00	0.00	0.00	CO-B13	119.41	0.00
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	G0438			2.44	0.00	0.00	0.00	CO-253	2.44	0.00
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	G0438			239.15	0.00	0.00	0.00	CO-45	239.15	0.00
						REM: N381								
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	99214			118.42	0.00	0.00	0.00	CO-B13	118.42	0.00
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	99214			2.42	0.00	0.00	0.00	CO-253	2.42	0.00
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	99214			98.16	0.00	0.00	0.00	CO-45	98.16	0.00
						REM: N381								
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	36415			8.91	0.00	0.00	0.00	CO-B13	8.91	0.00
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	99397			341.00	125.61	0.00	0.00	CO-253 CO-45	2.51 215.39	123.10
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	99406			23.00	0.00	0.00	0.00	CO-96	23.00	0.00
						REM: N115 N386								
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	3074F			0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	3078F			0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	G8420			0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	3060F			0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	36415	QW		0.18	0.00	0.00	0.00	CO-253	0.18	0.00
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	36415	QW		10.91	0.00	0.00	0.00	CO-45	10.91	0.00
						REM: N381								
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	82043	QW		5.66	0.00	0.00	0.00	CO-B13	5.66	0.00
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	82043	QW		0.12	0.00	0.00	0.00	CO-253	0.12	0.00
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	82043	QW		8.92	0.00	0.00	0.00	CO-45	8.92	0.00
						REM: N381								
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	82570	QW		5.08	0.00	0.00	0.00	CO-B13	5.08	0.00
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	82570	QW		0.10	0.00	0.00	0.00	CO-253	0.10	0.00
						HCPI: RECONSIDERATION								
1013940584	0303	030325	11	1	82570	QW		12.67	0.00	0.00	0.00	CO-45	12.67	0.00
						REM: N381								
						HCPI: RECONSIDERATION								
PT RESP			0.00			CLAIM TOTALS		1021.55	140.87	0.00	0.00		883.50	138.05
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	138.05
PLAN TYPE: MEDICARE ADVANTAGE PPO														
STATUS CODE 1: Processed as Primary														



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ADVICE

DATE: 2025-05-09

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME MORSE	THURBER, JUDY					HIC H78790110	ACNT 4839LMD642			ICN 820250500602816	ASG Y	MOA		
1013940584	0218	021825	11	1	G2211			25.00	15.26	0.00	0.00	CO-253 CO-45	0.31 9.74	14.95
						HCPI: RECONSIDERATION								
1013940584	0218	021825	11	1	G0439	25		119.41	0.00	0.00	0.00	CO-B13	119.41	0.00
						HCPI: RECONSIDERATION								
1013940584	0218	021825	11	1	G0439	25		2.44	0.00	0.00	0.00	CO-253	2.44	0.00
						HCPI: RECONSIDERATION								
1013940584	0218	021825	11	1	G0439	25		239.15	0.00	0.00	0.00	CO-45	239.15	0.00
						REM: N381								
						HCPI: RECONSIDERATION								
1013940584	0218	021825	11	1	99214	25		108.62	0.00	0.00	0.00	CO-B13	108.62	0.00
						HCPI: RECONSIDERATION								
1013940584	0218	021825	11	1	99214	25		2.22	0.00	0.00	0.00	CO-253	2.22	0.00
						HCPI: RECONSIDERATION								
1013940584	0218	021825	11	1	99214	25		10.00	0.00	0.00	0.00	PR-3	10.00	0.00
						HCPI: RECONSIDERATION								
1013940584	0218	021825	11	1	99214	25		120.84	0.00	0.00	0.00	CO-45	120.84	0.00
						REM: N381								
						HCPI: RECONSIDERATION								
1013940584	0218	021825	11	1	G0442			15.90	0.00	0.00	0.00	CO-B13	15.90	0.00
						HCPI: RECONSIDERATION								
1013940584	0218	021825	11	1	G0442			0.32	0.00	0.00	0.00	CO-253	0.32	0.00
						HCPI: RECONSIDERATION								
1013940584	0218	021825	11	1	G0442			13.78	0.00	0.00	0.00	CO-45	13.78	0.00
						REM: N381								
						HCPI: RECONSIDERATION								
1013940584	0218	021825	11	1	G0444			15.90	0.00	0.00	0.00	CO-B13	15.90	0.00
						HCPI: RECONSIDERATION								
1013940584	0218	021825	11	1	G0444			0.32	0.00	0.00	0.00	CO-253	0.32	0.00
						HCPI: RECONSIDERATION								
1013940584	0218	021825	11	1	G0444			13.23	0.00	0.00	0.00	CO-45	13.23	0.00
						REM: N381								
						HCPI: RECONSIDERATION								
1013940584	0218	021825	11	1	99397			341.00	125.61	0.00	0.00	CO-253 CO-45	2.51 215.39	123.10
						HCPI: RECONSIDERATION								
1013940584	0218	021825	11	1	3074F			0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION								
1013940584	0218	021825	11	1	3078F			0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION								
1013940584	0218	021825	11	1	G9622			0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION								
1013940584	0218	021825	11	1	G8510			0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION								
1013940584	0218	021825	11	1	G8510			0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION								
1013940584	0218	021825	11	1	G9622			0.00	0.00	0.00	0.00			0.00
						HCPI: RECONSIDERATION								
PT RESP	10.00					CLAIM TOTALS		1028.13	140.87	0.00	0.00		890.08	138.05
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	138.05
PLAN TYPE: MEDICARE ADVANTAGE PPO														
STATUS CODE 1: Processed as Primary														



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ADVICE
DATE: 2025-05-09

END	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME BARTZ, JO ANN					HIC	H46769308	ACNT 4708LMD642		ICN 820250480526184	ASG Y	MOA		
1306898036	0210	021025	11	1	99397	52	61.55	0.00	0.00	0.00	CO-B13	61.55	0.00
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	G2211		25.00	15.26	0.00	0.00	CO-253 CO-45	0.31 9.74	14.95
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	99214		113.52	0.00	0.00	0.00	CO-B13	113.52	0.00
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	99214		2.32	0.00	0.00	0.00	CO-253	2.32	0.00
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	99214		5.00	0.00	0.00	0.00	PR-3	5.00	0.00
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	99214		120.84	0.00	0.00	0.00	CO-45	120.84	0.00
							REM: N381						
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	G0439		119.41	0.00	0.00	0.00	CO-B13	119.41	0.00
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	G0439		2.44	0.00	0.00	0.00	CO-253	2.44	0.00
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	G0439		239.15	0.00	0.00	0.00	CO-45	239.15	0.00
							REM: N381						
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	99397	XU	1.26	0.00	0.00	0.00	CO-253	1.26	0.00
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	99397	XU	278.19	0.00	0.00	0.00	CO-45	278.19	0.00
							REM: N381						
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	36415	XU	8.91	0.00	0.00	0.00	CO-B13	8.91	0.00
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	36415	XU	0.18	0.00	0.00	0.00	CO-253	0.18	0.00
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	36415	XU	10.91	0.00	0.00	0.00	CO-45	10.91	0.00
							REM: N381						
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	G0444	XU	15.90	0.00	0.00	0.00	CO-B13	15.90	0.00
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	G0444	XU	74.78	0.00	0.00	0.00	CO-45	74.78	0.00
							REM: N381						
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	G0442	XU	15.90	0.00	0.00	0.00	CO-B13	15.90	0.00
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	G0442	52	0.32	0.00	0.00	0.00	CO-253	0.32	0.00
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	G0442	52	26.78	0.00	0.00	0.00	CO-45	26.78	0.00
							REM: N381						
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	G0444	52	0.32	0.00	0.00	0.00	CO-253	0.32	0.00
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	99497	52	76.11	0.00	0.00	0.00	CO-B13	76.11	0.00
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	99497	52	1.55	0.00	0.00	0.00	CO-253	1.55	0.00
							HCPI: RECONSIDERATION						
1306898036	0210	021025	11	1	99497	52	54.34	0.00	0.00	0.00	CO-45	54.34	0.00
							REM: N381						
							HCPI: RECONSIDERATION						
PT RESP	5.00				CLAIM	TOTALS	1254.68	15.26	0.00	0.00		1239.73	14.95
ADJ TO TOTAL: PREV PD							INTEREST	0.00				NET	14.95
PLAN TYPE: MEDICARE ADVANTAGE PPO													
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
	3	3304.36	297.00	0.00	0.00	3013.31	291.05	0.00	291.05

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.

CO-96 Non-covered charge(s).

CO-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.

N115 This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD). An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd>, or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.

N381 Consult our contractual agreement for restrictions / billing / payment information related to these charges.

N386 This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage



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determination as to whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd/search.asp>. If you do not have web access, you may contact the contractor to request a copy of the NCD.

PR-3 Co-payment Amount

