

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 1
 DATE: 2025-03-28
 EFT #: 25083B1000278454065031858
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	WEAVER, PATRICK J				HIC 91162486601	ACNT 5292LMD642				ICN E18091514400	ASG Y MOA	
1013940584	0304	030425	11	1	99214 25		219.00	120.88	0.00	0.00	CO-45	98.12 80.88
											PR-3	40.00
1013940584	0304	030425	11	1	G0446		61.88	39.31	0.00	0.00	CO-45	22.57 39.31
1013940584	0304	030425	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	3079F		0.00	0.00	0.00	0.00		0.00
PT RESP	40.00				CLAIM TOTALS		280.88	160.19	0.00	0.00		160.69 120.19
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 120.19
STATUS CODE 1: Processed as Primary												

NAME	MARTIN, LOGAN T				HIC 91782322001	ACNT 5340LMD642				ICN E18093190200	ASG Y MOA	
1013940584	0317	031725	11	1	99395		297.00	131.69	0.00	0.00	CO-45	165.31 0.00
											CO-24	131.69
1013940584	0317	031725	11	1	G0136 33		34.80	29.48	29.48	0.00	CO-45	5.32 0.00
1013940584	0317	031725	11	1	99213 25		146.00	41.68	0.00	0.00	CO-B10	41.67 0.00
					REM: M80 N1						CO-45	62.65
											CO-24	41.68
1013940584	0317	031725	11	1	36415		20.00	4.86	0.00	0.00	CO-45	15.14 0.00
											CO-24	4.86
1013940584	0317	031725	11	1	96127 XU		40.00	7.25	0.00	0.00	CO-45	32.75 7.25
1013940584	0317	031725	11	1	96160 XU		5.30	0.00	0.00	0.00	CO-97	5.30 0.00
					REM: N1							
1013940584	0317	031725	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0317	031725	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0317	031725	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0317	031725	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	29.48				CLAIM TOTALS		543.10	214.96	29.48	0.00		506.37 7.25
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 7.25
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	823.98	375.15	29.48	0.00	667.06	127.44	0.00	127.44

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.

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-1 Deductible Amount

PR-3 Co-payment Amount

