

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 2
 DATE: 2025-08-21
 EFT #: T7821178
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KASPER, JUDY L			HIC 964651780		ACNT 7629LMD642		ICN KEN7767891600		ASG Y MOA			
1013940584	0723	072325	11	1	G0439		361.00	121.85	0.00	48.74	CO-45	71.65
											239.15	
											1.46	
1013940584	0723	072325	11	1	99497 33		155.32	77.66	0.00	0.00	CO-253	76.11
											77.66	
											1.55	
1013940584	0723	072325	11	1	99214 25		241.68	120.84	0.00	0.00	CO-253	84.13
											120.84	
											1.71	
											35.00	
1013940584	0723	072325	11	1	G0136 33		65.00	17.40	0.00	0.00	PR-3	17.06
											47.60	
											0.34	
1013940584	0723	072325	11	1	36415		20.00	9.09	0.00	0.00	CO-45	8.91
											10.91	
											0.18	
1013940584	0723	072325	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	14.96
											9.74	
											0.30	
1013940584	0723	072325	11	1	G0442 XU		30.00	16.22	0.00	6.49	CO-45	9.54
											13.78	
											0.19	
1013940584	0723	072325	11	1	G0444 XU		29.45	16.22	0.00	6.49	CO-253	9.54
											13.23	
											0.19	
1013940584	0723	072325	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0723	072325	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0723	072325	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1013940584	0723	072325	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0723	072325	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0723	072325	11	1	G9622		0.00	0.00	0.00	0.00		0.00
PT RESP		96.72	CLAIM TOTALS			927.45	394.54	0.00	61.72		573.83	291.90
ADJ TO TOTAL: PREV PD			INTEREST			0.00					NET	291.90
PLAN TYPE: STEELCASE												
STATUS CODE 1: Processed as Primary												

NAME WARD, PETE M			HIC 916568537		ACNT 7730LMD642		ICN KEN7784617300		ASG Y MOA			
1013940584	0730	073025	11	1	99499		0.01	0.00	0.00	0.00	PI-16	0.00
											0.01	
					REM: N350							
PT RESP		0.00	CLAIM TOTALS			0.01	0.00	0.00	0.00		0.01	0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00					NET	0.00
PLAN TYPE: IBM												
STATUS CODE 1: Processed as Primary												



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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	WARD, PETE M					HIC	916568537	ACNT	7722LMD642		ICN	KEN7797111100	ASG	Y MOA
1013940584	0730	073025	11	1	G0402	25		361.00	155.30	0.00	0.00	CO-45	205.70	152.20
												CO-253	3.10	
1013940584	0730	073025	11	1	99497	33		155.32	77.66	0.00	0.00	CO-45	77.66	76.11
												CO-253	1.55	
1013940584	0730	073025	11	1	99214	25		241.68	120.84	0.00	0.00	CO-45	120.84	108.63
												CO-253	2.21	
												PR-3	10.00	
1013940584	0730	073025	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1013940584	0730	073025	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1013940584	0730	073025	11	1	G0136	33		65.00	17.40	0.00	0.00	CO-45	47.60	17.06
												CO-253	0.34	
1013940584	0730	073025	11	1	90677			350.00	312.90	0.00	0.00	CO-45	37.10	306.65
												CO-253	6.25	
1013940584	0730	073025	11	1	G0009			50.00	32.60	0.00	0.00	CO-45	17.40	31.95
												CO-253	0.65	
1013940584	0730	073025	11	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.96
												CO-253	0.30	
1013940584	0730	073025	11	1	G0513			101.00	59.36	0.00	0.00	CO-45	41.64	58.18
												CO-253	1.18	
1013940584	0730	073025	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	11	1	1158F			0.00	0.00	0.00	0.00			0.00
PT RESP	10.00				CLAIM	TOTALS		1389.00	809.50	0.00	0.00		605.44	783.56
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	783.56
PLAN TYPE: IBM														
STATUS CODE 1: Processed as Primary														

NAME	VANVALKENBURG, CANDACE					HIC	989898538	ACNT	7741LMD642		ICN	OEB1021673800	ASG	Y MOA
1013940584	0731	073125	11	1	99214	25		241.68	120.84	0.00	0.00	CO-45	120.84	98.83
												CO-253	2.01	
												PR-3	20.00	
1013940584	0731	073125	11	1	G2211			25.00	0.00	0.00	0.00	PI-97	25.00	0.00
1013940584	0731	073125	11	1	0513F			0.00	0.00	0.00	0.00			0.00
1013940584	0731	073125	11	1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0731	073125	11	1	3077F			0.00	0.00	0.00	0.00			0.00
1013940584	0731	073125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0731	073125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0731	073125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0731	073125	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0731	073125	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0731	073125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0731	073125	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	20.00				CLAIM	TOTALS		266.68	120.84	0.00	0.00		167.85	98.83
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	98.83
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
	4	2583.14	1324.88	0.00	61.72	1347.13	1174.29	0.00	1174.29

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

PR-2 Coinsurance Amount

PR-3 Co-payment Amount

