BYRON CENTER FAMILY MEDICINE 7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

(877)842-3210

NPI #: 1982923660 PAGE #: 1 of 1 DATE: 2025-07-30 NONPAY #: W330411417 TAX ID #: 272620668

REND PROV	SERV	DATE	POS	NOS	PROC	MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	r	PROV PD
NAME NATIV	-				92550	6298	ACNT	7446LMD642	2	ICN	FE66568825	0141530190	ASG Y	MOA MA15
INSURED NA														
1013940584					3075F			0.00	0.00	0.00				0.00
1013940584					3078F			0.00	0.00	0.00				0.00
1013940584					3008F			0.00	0.00	0.00				0.00
1013940584					2001F			0.00	0.00	0.00				0.00
1013940584					2000F			0.00	0.00	0.00				0.00
1013940584			11	1	1000F			0.00	0.00	0.00				0.00
PT RESP	0.				CLAIM			0.00	0.00	0.00			0.00	0.00
ADJ TO TOT.						INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
PLAN TYPE:		_												
STATUS COD	E 1: 1	Process	ed a	s Pr	ımary									
NAME NATIV	IDAD,	ALLEN		HI	92550	6298	ACNT	7446LMD64	2	ICN	FE66568825	0141530192	ASG Y	MOA MA15
INSURED NA	ME: N	ATIVIDA	D, A	LLEN	J									
1013940584	0714	071425	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0714	071425	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.	00			CLAIM	TOTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOT.	AL: P	REV PD				INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
PLAN TYPE:														
STATUS COD	E 1: 1	Process	ed a	s Pr	imary									
NAME LOMON	ACO,	ALAINA		HIC	3 98155	1878	ACNT	7580LMD64	2	ICN	FE95967921	0345614935	ASG Y	MOA MA15
1013940584					99213			146.00	0.00	0.00		CO-29	146.00	0.00
PT RESP	0.0			_	CLAIM	TOTALS		146.00	0.00	0.00		CO 23	146.00	0.00
ADJ TO TOT.					0211211	INTER	EST	0.00			CHARGE	0.00	NET	0.00
PLAN TYPE:														
STATUS COD		_	ed a	s Pr	imary									
NAME LOMON	ACO -	AT.ATNA .	т	нт	2 98155	1878	асит	7580LMD642	2	TCN	FE95967921	0345614938	ASG Y	MOA MA15
1013940584	-				G8427	1070	110111	0.00	0.00	0.00		0010011700	1100 1	0.00
1013940584					G8476			0.00	0.00	0.00				0.00
1013940584					G8420			0.00	0.00	0.00				0.00
1013940584					3074F			0.00	0.00	0.00				0.00
1013940584					3079F			0.00	0.00	0.00				0.00
1013940584					3008F			0.00	0.00	0.00				0.00
1013940584					2001F			0.00	0.00	0.00				0.00
PT RESP	0.			_	CLAIM	TOTALS		0.00	0.00	0.00			0.00	0.00
ADJ TO TOT	AL: P	REV PD				INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
PLAN TYPE:	CHOY	C+												
STATUS COD	E 1: 1	Process	ed a	s Pr	imary									
NAME TOWAR	7.00	AT A TATA	т	777	2 98155	1070	A CINTON	7580LMD64	2	TON	PP05067001	0345614944	7 CC V	MOA MA15
NAME LOMON 1013940584					2000F	T0/0	ACNT	7580LMD64.	0.00	0.00		0343014944	ADG I	MOA MAIS 0.00
1013940584					1000F			0.00	0.00	0.00				0.00
1013940584					1000F 1159F			0.00	0.00	0.00				0.00
				_										
1013940584 PT RESP	0418		TT	Т	1160F CLAIM	יירי אד כי		0.00	0.00 0.00	0.00			0.00	0.00
ADJ TO TOT.					CHAIM	INTER	ECT.	0.00			CHARGE	0.00	NET	0.00
PLAN TYPE:						TMIEK	TOT	0.00	TAIE	E TUTING	CHARGE	0.00	MET	0.00
STATUS COD		_	ed a	s Pr	imary									
TOTALS:	# OF		ILLE:	ט	ALLO		DED		COINS	TOTAL	PROV		ROV	CHECK
,	CLAIM		AMT		AM		AM		AMT	RC-AMI			JAMT	AMT
	5	-	146.	υÜ		0.00		0.00	0.00	146.	υυ 0	.00	0.00	0.00

GLOSSARY: GROUP, REASON, MOA, REMARK AND REASON CODES
CO-29 The time limit for filing has expired.
MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

