

UNITED HEALTHCARE INSURANCE COMPANY []
 4 RESEARCH DRIVE
 SHELTON, CT 064846282
 (877)842-3210

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-08-12
 EFT #: 42720314
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	DEVRIES, MARK				HIC 96820781000	ACNT 7424LMD642			ICN FE62643793		ASG Y MOA	
1013940584	0714	071425	11	0	99213		146.00	74.71	0.00	0.00	CO-45 PR-3	71.29 10.00 64.71
1013940584	0714	071425	11	0	3074F		0.00	0.00	0.00	0.00		0.00
						REM: N525						
1013940584	0714	071425	11	0	3078F		0.00	0.00	0.00	0.00		0.00
						REM: N525						
1013940584	0714	071425	11	0	G8476		0.00	0.00	0.00	0.00		0.00
						REM: N525						
1013940584	0714	071425	11	0	G8427		0.00	0.00	0.00	0.00		0.00
						REM: N525						
PT RESP	10.00				CLAIM TOTALS		146.00	74.71	0.00	0.00		81.29 64.71
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00 NET	64.71
PLAN TYPE: CHOICE PLUS POS												
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			
	1	146.00	74.71	0.00	0.00	81.29	64.71	0.00	64.71			

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N525 These services are not covered when performed within the global period of another service.
 PR-3 Co-payment Amount

