

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 2  
DATE: 2025-03-29  
EFT #: 155737891250330  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	BLACK, TRACIE L				HIC	H76819103	ACNT	4760LMD642		ICN	820250841889513	ASG Y MOA
1306898036	0212	021225	11	1	G8431			0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	G0439			361.00	121.85	0.00	0.00	CO-253 2.44 CO-45 239.15
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	99396	52		327.00	0.00	0.00	0.00	CO-272 327.00
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	99497	33		132.00	0.00	0.00	0.00	CO-97 132.00
						REM: N19						
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	G2211			25.00	0.00	0.00	0.00	CO-B15 25.00
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	G0442	XU		43.00	16.22	0.00	0.00	CO-253 0.32 CO-45 26.78
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	G0444	XU 33		91.00	0.00	0.00	0.00	CO-151 91.00
						REM: N640						
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	G2211			25.00	0.00	0.00	0.00	CO-B15 25.00
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	36415			20.00	9.09	0.00	0.00	CO-253 0.18 CO-45 10.91
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	3982255	2503		12.00	3.57	0.00	0.00	CO-253 0.07 CO-45 8.43
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	4	7226601	1925		56.00	3.00	0.00	0.60	CO-253 0.05 CO-45 53.00
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	2	3982255	2503		24.00	7.14	0.00	1.43	CO-253 0.11 CO-45 16.86
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	96372			45.00	13.25	0.00	0.00	CO-253 0.27 CO-45 31.75
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	7226601	1925		14.00	0.75	0.00	0.00	CO-253 0.02 CO-45 13.25
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	3075F			0.00	0.00	0.00	0.00	
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	3079F			0.00	0.00	0.00	0.00	
						HCPI: RECONSIDERATION						
PT RESP	2.03				CLAIM	TOTALS		1175.00	174.87	0.00	2.03	1003.59
ADJ TO TOTAL: PREV PD					INTEREST			0.00				169.38
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
	1	1175.00	174.87	0.00	2.03	1003.59	169.38	0.00	169.38

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
CO-151 Payment adjusted because the payer deems the information submitted does not support this many services.  
CO-253 Sequestration - reduction in federal spending  
CO-272 Coverage/program guidelines were not met.  
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-B15 Payment adjusted because this service / procedure requires that a qualifying service / procedure be received and covered. The qualifying other service / procedure has not been received / adjudicated.  
N19 Procedure code incidental to primary procedure.  
N640 Exceeds number / frequency approved / allowed within time period.



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ADVICE

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7740 BYRON CENTER AVE SW STE 2

BYRON CENTER, MI 49315

PR-2 Coinsurance Amount

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