

UNITEDHEALTHCARE []
 UNITEDHEALTHCARE SHARED SERVICES PO BOX 30783
 SALT LAKE CITY, UT 841300783
 (866)596-8447

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-05-23
 EFT #: UH8820000167128102990642
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME GHAVAMI-MAMEGHANI, NAV HIC 771900526410 ACNT 6185LMD642 ICN 25126527284 ASG Y MOA											
1306898036	0505	050525	11	99396	25	327.00	130.20	0.00	0.00	CO-45	130.20
1306898036	0505	050525	11	G0136	33	65.00	20.27	0.00	0.00	CO-45	20.27
1306898036	0505	050525	11	99401	25	65.00	0.00	0.00	0.00	CO-45	0.00
REM: M80											
1306898036	0505	050525	11	G0442	XU	30.00	19.02	0.00	0.00	CO-45	19.02
1306898036	0505	050525	11	G0444	XU	29.45	19.02	0.00	0.00	CO-45	19.02
1306898036	0505	050525	11	3075F		0.00	0.00	0.00	0.00		0.00
1306898036	0505	050525	11	3079F		0.00	0.00	0.00	0.00		0.00
1306898036	0505	050525	11	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0505	050525	11	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0505	050525	11	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0505	050525	11	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0505	050525	11	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0505	050525	11	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0505	050525	11	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0505	050525	11	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM	TOTALS	516.45	188.51	0.00	0.00		188.51
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE		0.00	NET	188.51
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	516.45	188.51	0.00	0.00	327.94	188.51	0.00	188.51

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 M80 Not covered when performed during the same session / date as a previously processed service for the patient.

