

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 1
 DATE: 2025-07-30
 EFT #: W330411416
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME NATIVIDAD, ALLEN			HIC 925506298	ACNT 7446LMD642				ICN FE66568825	0141530188	ASG Y	MOA MA15
INSURED NAME: NATIVIDAD, ALLEN J											
1013940584	0714	071425	11	1	99214	219.00	110.62	0.00	0.00	CO-45	108.38
										PR-3	30.00
PT RESP	30.00				CLAIM TOTALS	219.00	110.62	0.00	0.00		138.38
ADJ TO TOTAL: PREV PD					INTEREST	0.00		LATE FILING CHARGE		0.00	NET 80.62
PLAN TYPE: CHOYC+											
STATUS CODE 1: Processed as Primary											

NAME LOMONACO, ALAINA J			HIC 981551878	ACNT 7579LMD642				ICN FE95967918	0345614931	ASG Y	MOA
1013940584	0620	062025	11	1	96372	45.00	26.22	0.00	0.00	CO-45	18.78
PT RESP	0.00				CLAIM TOTALS	45.00	26.22	0.00	0.00		18.78
ADJ TO TOTAL: PREV PD					INTEREST	0.00		LATE FILING CHARGE		0.00	NET 26.22
PLAN TYPE: CHOYC+											
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
	2	264.00	136.84	0.00	0.00	157.16	106.84	0.00	106.84

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

PR-3 Co-payment Amount

