

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 2
DATE: 2025-07-09
EFT #: W328303702
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	PITSCH, JOHN K				HIC 970325315	ACNT 6875LMD642			ICN FE05198780	0148545715	ASG Y	MOA MA15
INSURED NAME: PITSCH, JOYCE E												
1013940584	0609	060925	11	1	G0439		243.70	117.15	0.00	0.00	CO-45	117.15
1013940584	0609	060925	11	1	99397 25		341.00	140.56	0.00	0.00	CO-45	140.56
PT RESP	0.00				CLAIM TOTALS		584.70	257.71	0.00	0.00		257.71
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	257.71
PLAN TYPE: CHOYC												
STATUS CODE 1: Processed as Primary												

NAME	PITSCH, JOHN K				HIC 970325315	ACNT 6875LMD642			ICN FE05198780	0148545720	ASG Y	MOA MA15
INSURED NAME: PITSCH, JOYCE E												
1013940584	0609	060925	11	1	36415		20.00	1.80	0.00	0.18	CO-45	1.62
PT RESP	0.18				CLAIM TOTALS		20.00	1.80	0.00	0.18		1.62
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	1.62
PLAN TYPE: CHOYC												
STATUS CODE 1: Processed as Primary												

NAME	PITSCH, JOHN K				HIC 970325315	ACNT 6875LMD642			ICN FE05198780	0148545735	ASG Y	MOA MA15
INSURED NAME: PITSCH, JOYCE E												
1013940584	0609	060925	11	1	G0444 XU		29.45	19.02	0.00	1.90	CO-45	17.12
PT RESP	1.90				CLAIM TOTALS		29.45	19.02	0.00	1.90		17.12
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	17.12
PLAN TYPE: CHOYC												
STATUS CODE 1: Processed as Primary												

NAME	PITSCH, JOHN K				HIC 970325315	ACNT 6875LMD642			ICN FE05198780	0148545744	ASG Y	MOA MA15
INSURED NAME: PITSCH, JOYCE E												
1013940584	0609	060925	11	1	G0442 XU		30.00	19.02	0.00	0.00	CO-45	19.02
PT RESP	0.00				CLAIM TOTALS		30.00	19.02	0.00	0.00		19.02
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	19.02
PLAN TYPE: CHOYC												
STATUS CODE 1: Processed as Primary												

NAME	ROWLAND, BRENT W				HIC 968915689	ACNT 7153LMD642			ICN FE05198781	0102059454	ASG Y	MOA MA15
1013940584	0625	062525	11	1	99396 25		327.00	130.20	0.00	0.00	CO-45	130.20
PT RESP	0.00				CLAIM TOTALS		327.00	130.20	0.00	0.00		130.20
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	130.20
PLAN TYPE: CHOYC+												
STATUS CODE 1: Processed as Primary												

NAME	ROWLAND, BRENT W				HIC 968915689	ACNT 7153LMD642			ICN FE05198781	0102059463	ASG Y	MOA MA15
1013940584	0625	062525	11	1	G0442 XU		30.00	19.02	0.00	0.00	CO-45	19.02
PT RESP	0.00				CLAIM TOTALS		30.00	19.02	0.00	0.00		19.02
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	19.02
PLAN TYPE: CHOYC+												
STATUS CODE 1: Processed as Primary												

NAME	ROWLAND, BRENT W				HIC 968915689	ACNT 7153LMD642			ICN FE05198781	0102059466	ASG Y	MOA MA15
1013940584	0625	062525	11	1	G0444 XU		29.45	19.02	0.00	0.00	CO-45	19.02
PT RESP	0.00				CLAIM TOTALS		29.45	19.02	0.00	0.00		19.02
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	19.02
PLAN TYPE: CHOYC+												
STATUS CODE 1: Processed as Primary												

NAME	BULTMAN, NICOLE R				HIC 993840508	ACNT 7161LMD642			ICN FE05198783	0343705095	ASG Y	MOA MA15
1013940584	0625	062525	11	1	99213		146.00	74.71	0.00	0.00	CO-45	49.71
											PR-3	25.00
PT RESP	25.00				CLAIM TOTALS		146.00	74.71	0.00	0.00		49.71
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	49.71
PLAN TYPE: CHOYC+												
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PAGE #: 2 of 2

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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	BULTMAN, NICOLE R		HIC	993840508	ACNT	7160LMD642			ICN	FE07837129	0343782549	ASG Y MOA MA15
1013940584	0603 060325 11	1	99396	25			327.00	130.20	0.00	0.00	CO-45	196.80 130.20
1013940584	0603 060325 11	1	36415				20.00	1.80	0.00	0.00	CO-45	18.20 1.80
1013940584	0603 060325 11	1	G0136	33			65.00	20.27	0.00	0.00	CO-45	44.73 20.27
PT RESP	0.00		CLAIM TOTALS				412.00	152.27	0.00	0.00		259.73 152.27
ADJ TO TOTAL: PREV PD			INTEREST				0.00		LATE FILING CHARGE		0.00	NET 152.27

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NAME	BULTMAN, NICOLE R		HIC	993840508	ACNT	7160LMD642			ICN	FE07837129	0343782566	ASG Y MOA MA15
1013940584	0603 060325 11	1	G0442	XU			30.00	19.02	0.00	0.00	CO-45	10.98 19.02
PT RESP	0.00		CLAIM TOTALS				30.00	19.02	0.00	0.00		10.98 19.02
ADJ TO TOTAL: PREV PD			INTEREST				0.00		LATE FILING CHARGE		0.00	NET 19.02

PLAN TYPE: CHOYC+

STATUS CODE 1: Processed as Primary

NAME	BULTMAN, NICOLE R		HIC	993840508	ACNT	7160LMD642			ICN	FE07837129	0343782574	ASG Y MOA MA15
1013940584	0603 060325 11	1	G0444	XU			29.45	19.02	0.00	0.00	CO-45	10.43 19.02
PT RESP	0.00		CLAIM TOTALS				29.45	19.02	0.00	0.00		10.43 19.02
ADJ TO TOTAL: PREV PD			INTEREST				0.00		LATE FILING CHARGE		0.00	NET 19.02

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TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	11	1668.05	730.81	0.00	2.08	962.24	703.73	0.00	703.73

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-2 Coinsurance Amount

PR-3 Co-payment Amount

