BYRON CENTER FAMILY MEDICINE 7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660 PAGE #: 1 of 1 DATE: 2025-08-13 EFT #: W331834152 272620668 TAX ID #:

NAME LEVALLEY, KEITH HIC 995940977 ACNT 7661LMD642 ICN FF19813548 0089304377 ASG Y MOA MA15 INSURED NAME: LEVALLEY, KEITH A 136898036 0725 072525 11 1 99386 388.00 158.55 0.00 0.00 CO-45 229.45 158.55 1306898036 0725 072525 11 1 36415 20.00 1.80 0.00 0.00 CO-45 18.20 1.80 1306898036 0725 072525 11 1 G0136 33 65.00 20.27 0.00 0.00 CO-45 18.20 1.80 1306898036 0725 072525 11 1 G0136 33 65.00 20.27 0.00 0.00 CO-45 44.73 20.27 PT RESP 0.00 CLAIM TOTALS 473.00 180.62 0.00 0.00 0.00 292.38 180.62 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 180.62 PT RESP 0.00 RET 180.62 NAME: LEVALLEY, KEITH HIC 995940977 ACNT 7661LMD642 ICN FF19813548 0089304380 ASG Y MOA MA15 1306898036 0725 072525 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 CO-45 10.98 19.02 PT RESP 0.00 CLAIM TOTALS 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 CO-45 10.98 19.02 PT RESP 0.00 CLAIM TOTALS 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 CO-45 10.98 19.02 PT RESP 0.00 CLAIM TOTALS 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 CO-45 10.98 19.02 PT RESP 0.00 CLAIM TOTALS 30.00 19.02 0.00 0.00 CO-45 10.98 19.02 PT RESP 0.00 CLAIM TOTALS 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 CO-45 10.43 19.02 PT RESP 0.00 CLAIM TOTALS 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 CO-45 10.43 19.02 PT RESP 0.00 CLAIM TOTALS 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 CO-45 10.43 19.02 PT RESP 0.00 CLAIM TOTALS 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 CO-45 10.43 19.02 PT RESP 0.00 CLAIM TOTALS 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 CO-45 10.43 19.02 PT RESP 0.00 CLAIM TOTALS 29.45 19.02 0.00 0.00 CO-45 10.43 19.02 PT RESP 0.00 CLAIM TOTALS 29.45	REND PROV	SERV DATE	POS	NOS	PROC	MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	т	PROV PD
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MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

