

AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE []  
PO BOX 740819  
ATLANTA, GA 303740819  
(800)227-7789

REMITTANCE  
ADVICE

BYRON CENTER FAMILY MEDICINE  
7740 BYRON CENTER AVE SUITE 202  
  
BYRON CENTER, MI 49315

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-07-17  
EFT #: 11283720453  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME TOBIN, GERALD L				HIC 30593549911		ACNT	6763LMD642		ICN 567172474871		ASG Y	MOA	
1013940584	0603	060325	11	0	99214	25	219.00	120.84	0.00	0.00	OA-23	194.83	24.17
1013940584	0603	060325	11	0	G2211		25.00	15.26	0.00	0.00	OA-23	21.95	3.05
1013940584	0603	060325	11	0	G0446	XU	65.00	0.00	0.00	0.00	PR-204	65.00	0.00
1013940584	0603	060325	11	0	G0447	XU	65.00	0.00	0.00	0.00	OA-23	65.00	0.00
PT RESP		65.00			CLAIM TOTALS		374.00	136.10	0.00	0.00		346.78	27.22
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	27.22
STATUS CODE 2: Processed as Secondary													
TOTALS:		# OF	BILLED		ALLOWED		DEDUCT		COINS		TOTAL		PROV PD
		CLAIMS	AMT		AMT		AMT		AMT		RC-AMT		ADJ AMT
		1	374.00		136.10		0.00		0.00		346.78		27.22
											0.00		27.22

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments  
PR-204 This service / equipment / drug is not covered under the patient's current benefit plan

