HUMANA INC. [] P.O. BOX 14601 LEXINGTON, KY 405124601 (000)000-0000 APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948

BYRON CENTER FAMILY MEDICINE [941242] 7740 BYRON CENTER AVE SW STE 2

BYRON CENTER, MI 49315

NPI #: 1982923660

PAGE #: 1 of 2

DATE: 2025-05-01

NONPAY #: NO-PAY-202505010018615

TAX ID #: 272620668

REND PROV SERV DATE	POS	NOS PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	мт	PROV PD
NAME BRAUN, LORI A		HIC H76885	5218 ACNT	5766LMD642		ICN 82	025120079	91605 ASG		
1013940584 0409 040925	11	1 G0439		361.00	0.00	0.00	0.00	PI-252	361.00	0.00
			REM: N4 N16 HCPI: RECON							
1013940584 0409 040925	11	1 99214 2		219.00	0.00	0.00	0.00	PI-252	219.00	0.00
			REM: N4 N16							
1013940584 0409 040925	11	1 G2211	HCPI: RECON	SIDERATION 25.00	0.00	0.00	0.00	PI-252	25.00	0.00
1013940304 0409 040923	11		REM: N4 N16	23.00	0.00	0.00	0.00	F1-232	23.00	0.00
			HCPI: RECON	SIDERATION						
1013940584 0409 040925	11	1 99497 3		155.32	0.00	0.00	0.00	PI-252	155.32	0.00
			REM: N4 N16 HCPI: RECON							
1013940584 0409 040925	11	1 G0136 3	33	34.80	0.00	0.00	0.00	PI-252	34.80	0.00
			REM: N4 N16							
1013940584 0409 040925	11	1 G0447 X	HCPI: RECON	65.00	0.00	0.00	0.00	PI-252	65.00	0.00
			REM: N4 N16						00000	
			HCPI: RECON							
1013940584 0409 040925	ΤŢ	1 G0446 X	KU REM: N4 N16	61.88	0.00	0.00	0.00	PI-252	61.88	0.00
			HCPI: RECON							
1013940584 0409 040925	11	1 G0444 X		29.45	0.00	0.00	0.00	PI-252	29.45	0.00
			REM: N4 N16 HCPI: RECON							
1013940584 0409 040925	11	1 G0442 X		30.00	0.00	0.00	0.00	PI-252	30.00	0.00
			REM: N4 N16							
1013940584 0409 040925	11	1 82043 C	HCPI: RECON	SIDERATION 14.70	0.00	0.00	0.00	PI-252	14.70	0.00
1013940304 0409 040923	11	-	ZM REM: N4 N16		0.00	0.00	0.00	F1-232	14.70	0.00
			HCPI: RECON							
1013940584 0409 040925	11	1 82570 Ç	QW REM: N4 N16	17.85	0.00	0.00	0.00	PI-252	17.85	0.00
			HCPI: RECON							
1013940584 0409 040925	11	1 3074F		0.00	0.00	0.00	0.00			0.00
1013940584 0409 040925	11	1 3079F	HCPI: RECON	SIDERATION 0.00	0.00	0.00	0.00			0.00
1013940384 0409 040923			HCPI: RECON		0.00	0.00	0.00			0.00
1013940584 0409 040925	11	1 G8417		0.00	0.00	0.00	0.00			0.00
1013040584 0400 040035	11		HCPI: RECON		0 00	0.00	0.00			0.00
1013940584 0409 040925	11	1 G9621	HCPI: RECON	0.00 SIDERATION	0.00	0.00	0.00			0.00
1013940584 0409 040925	11	1 1158F		0.00	0.00	0.00	0.00			0.00
1013040584 0400 040035	11		HCPI: RECON		0 00	0.00	0 00			0.00
1013940584 0409 040925	11	1 3060F	HCPI: RECON	0.00 SIDERATION	0.00	0.00	0.00			0.00
1013940584 0409 040925	11	1 2010F		0.00	0.00	0.00	0.00			0.00
1012040504 0400 040005			HCPI: RECON		0.00	0.00	0.00			0.00
1013940584 0409 040925	11	1 3008F	HCPI: RECON	0.00 STDERATION	0.00	0.00	0.00			0.00
1013940584 0409 040925	11	1 2001F	norr. necon	0.00	0.00	0.00	0.00			0.00
1012040504 0400 040005			HCPI: RECON							
1013940584 0409 040925	11	1 1159F	HCPI: RECON	0.00 STDERATION	0.00	0.00	0.00			0.00
1013940584 0409 040925	11	1 2000F		0.00	0.00	0.00	0.00			0.00
1012040504 0400 04005			HCPI: RECON		0.00	0.00	0.00			
1013940584 0409 040925	11	1 1160F	HCPI: RECON	0.00 STDERATION	0.00	0.00	0.00			0.00
1013940584 0409 040925	11	1 1494F	KECON	0.00	0.00	0.00	0.00			0.00
1013040504 0400 04005			HCPI: RECON		0.00	0.00	0.00			0.00
1013940584 0409 040925	11	1 1220F	HCPI: RECON	0.00 STDERATION	0.00	0.00	0.00			0.00
1013940584 0409 040925	11	1 1170F		0.00	0.00	0.00	0.00			0.00



HUMANA INC. [] REMITTANCE P.O. BOX 14601 ADVICE

LEXINGTON, KY 405124601 2 of 2

(000)000-0000

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BYRON CENTER FAMILY MEDICINE [941242] NPI #: 1982923660

7740 BYRON CENTER AVE SW STE 2 PAGE #:

DATE: 2025-05-01 BYRON CENTER, MI 49315 NONPAY #: NO-PAY-202505010018615

TAX ID #: 272620668

REND PROV SERV DATE PROC HCMODS RECONSIDERATION ALLOWED DEDUCT GRP/RC-AMT PROV PD POS NOS COINS 1013940584 0409 040925 11 0.00 0.00 1 1158F 0.00 0.00 0.00 HCPI: RECONSIDERATION 1013940584 0409 040925 11 1 3011F 0.00 0.00 0.00 0.00 0.00 HCPI: RECONSIDERATION 1013940584 0409 040925 11 1 3016F 0.00 0.00 0.00 0.00 0.00 HCPI: RECONSIDERATION CLAIM TOTALS 0.00 0.00 PT RESP 0.00 1014.00 0.00 1014.00 0.00 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00

PLAN TYPE: MEDICARE SUPPLEMENT

STATUS CODE 2: Processed as Secondary

TOTALS: # OF BILLED ALLOWED DEDUCT COINS TOTAL PROV PD PROV CHECK CLAIMS AMT AMT AMT AMT RC-AMT AMT ADJ AMT AMT 1014.00 0.00 0.00 0.00 1014.00 0.00 0.00 0.00

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

Family / member Out-of-Pocket maximum has been met. Payment based on a higher percentage. N16

N4

Missing / incomplete / invalid prior insurance carrier EOB.

An attachment / other documentation is required to adjudicate this claim / service. Check Remittance PI-252

Remark Codes for details.