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: 2025-07-13

EFT #: 163243482250714

TAX ID #: 272620668

REND PROV SERV DATE	POS	NOS PROC MO	DS BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PD
NAME COOLEY, CYNTHIA A		HIC H73292441	ACNT 7055LMD642				741987 ASG Y MOA		
1306898036 0618 061825	11	1 G0557	9.41 : RECONSIDERATION	9.41	0.00	0.00			9.41
1306898036 0618 061825	11	1 G0557	47.80	0.00	0.00	0.00	CO-45	47.80	0.00
120500000 0510 051005			: RECONSIDERATION					25.00	
1306898036 0618 061825	11	1 G0557	36.89 : RECONSIDERATION	0.00	0.00	0.00	OA-23	36.89	0.00
1306898036 0618 061825	11	1 G0447 XU	34.68	0.00	0.00	0.00	CO-45	34.68	0.00
1206000000 0610 061005			: RECONSIDERATION	0.00	0.00	0.00	03.00	20. 20	0.00
1306898036 0618 061825	11	1 G0447 XU HCPI	30.32 : RECONSIDERATION	0.00	0.00	0.00	OA-23	30.32	0.00
1306898036 0618 061825	11	1 G0446 XU	34.68	0.00	0.00	0.00	CO-45	34.68	0.00
1306898036 0618 061825	11	HCPI 1 G0446 XU	: RECONSIDERATION 30.32	0.00	0.00	0.00	OA-23	30.32	0.00
1300090030 0010 001023			: RECONSIDERATION	0.00	0.00	0.00	OA-23	30.32	0.00
1306898036 0618 061825	11	1 G0442 XU	27.10	0.00	0.00	0.00	CO-45	27.10	0.00
1306898036 0618 061825	11	1 G0442 XU	: RECONSIDERATION 15.90	0.00	0.00	0.00	OA-23	15.90	0.00
			: RECONSIDERATION				011 20		
1306898036 0618 061825	11	1 G0444 XU	75.10 : RECONSIDERATION	0.00	0.00	0.00	CO-45	75.10	0.00
1306898036 0618 061825	11	1 G0444 XU	15.90	0.00	0.00	0.00	OA-23	15.90	0.00
			: RECONSIDERATION						
1306898036 0618 061825	11	1 82570 QW	12.77 : RECONSIDERATION	0.00	0.00	0.00	CO-45	12.77	0.00
1306898036 0618 061825	11	1 82570 QW	5.08	0.00	0.00	0.00	OA-23	5.08	0.00
120000000000000000000000000000000000000	11		: RECONSIDERATION	0 00	0.00	0 00	GO 45	0.04	0.00
1306898036 0618 061825	11	1 82043 QW HCPI	9.04 : RECONSIDERATION	0.00	0.00	0.00	CO-45	9.04	0.00
1306898036 0618 061825	11	1 82043 QW	5.66	0.00	0.00	0.00	OA-23	5.66	0.00
1306898036 0618 061825	11	HCPI 1 G2211	: RECONSIDERATION 3.05	3.05	0.00	0.00			3.05
1300030030 0010 001023			: RECONSIDERATION	3.03	0.00	0.00			3.03
1306898036 0618 061825	11	1 G2211	9.98	0.00	0.00	0.00	CO-45	9.98	0.00
1306898036 0618 061825	11	1 G2211	: RECONSIDERATION 11.97	0.00	0.00	0.00	OA-23	11.97	0.00
			: RECONSIDERATION						
1306898036 0618 061825	11	1 36415	11.09 : RECONSIDERATION	0.00	0.00	0.00	CO-45	11.09	0.00
1306898036 0618 061825	11	1 36415	8.91	0.00	0.00	0.00	OA-23	8.91	0.00
120500000 0510 051005			: RECONSIDERATION	04.45					04.45
1306898036 0618 061825	11	1 99214 25 HCPT	24.17 : RECONSIDERATION	24.17	0.00	0.00			24.17
1306898036 0618 061825	11	1 99214 25	122.77	0.00	0.00	0.00	CO-45	122.77	0.00
1306898036 0618 061825	11	НСРІ 1 99214 25	: RECONSIDERATION 94.74	0.00	0.00	0.00	OA-23	94.74	0.00
1300030030 0010 001023	11		: RECONSIDERATION	0.00	0.00	0.00	UA-23	34.74	0.00
1306898036 0618 061825	11	1 99497 33	55.89	0.00	0.00	0.00	CO-45	55.89	0.00
1306898036 0618 061825	11	HCPI 1 99497 33	: RECONSIDERATION 76.11	0.00	0.00	0.00	OA-23	76.11	0.00
			: RECONSIDERATION				011 20	, , , ,	
1306898036 0618 061825	11	1 G0439	241.59	0.00	0.00	0.00	CO-45	241.59	0.00
1306898036 0618 061825	11	1 G0439	: RECONSIDERATION 119.41	0.00	0.00	0.00	OA-23	119.41	0.00
		HCPI	: RECONSIDERATION						
1306898036 0618 061825	11	1 G0136 33 HCPT	47.95 : RECONSIDERATION	0.00	0.00	0.00	CO-45	47.95	0.00
1306898036 0618 061825	11	1 G0136 33	17.05	0.00	0.00	0.00	OA-23	17.05	0.00
1306898036 0618 061825	11	HCPI 1 2000F	: RECONSIDERATION 0.00	0.00	0.00	0.00			0.00
1300036030 0016 061625	11		: RECONSIDERATION	0.00	0.00	0.00			0.00
1306898036 0618 061825	11	1 G8476	0.00	0.00	0.00	0.00			0.00
		HCPI	: RECONSIDERATION						



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ADVICE

LEXINGTON, KY 405124601 2 of 2

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BYRON CENTER FAMILY MEDICINE [941242] NPI #: 1982923660

7740 BYRON CENTER AVE SW STE 2 PAGE #:

DATE: 2025-07-13
BYRON CENTER, MI 49315

EFT #: 163243482250714

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BILLEBO MODS ALLOWED DEBUCT COIMS GRP/RC-AMT RENDABBOY6 SERV DATE25 POS NOS 05PBC PROY. BB HCPI: RECONSIDERATION 1306898036 0618 061825 11 1 G9622 0.00 0.00 0.00 0.00 0.00 HCPI: RECONSIDERATION 1306898036 0618 061825 11 1 G8510 0.00 0.00 0.00 0.00 0.00 HCPI: RECONSIDERATION 1306898036 0618 061825 11 1 G8427 0.00 0.00 0.00 0.00 0.00 HCPI: RECONSIDERATION 1306898036 0618 061825 11 1 1036F 0.00 0.00 0.00 0.00 0.00 HCPI: RECONSIDERATION 36.63 0.00 0.00 1198.70 PT RESP 0.00 CLAIM TOTALS 1235.33 36.63 ADJ TO TOTAL: PREV PD 0.00 INTEREST 0.00 LATE FILING CHARGE NET 36.63

PLAN TYPE: MEDICARE SUPPLEMENT

STATUS CODE 2: Processed as Secondary

# OF BILLED ALLOWED DEDUCT COINS TOTAL PROV PD CHECK ADJ AMT AMT CLAIMS AMT AMT AMT AMT RC-AMT AMT 1235.33 36.63 0.00 0.00 1198.70 36.63 0.00 36.63 1

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or

adjustments