

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: 2025-05-08
EFT #: 11247370192
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DUFON, RENEE			HIC 02189379211	ACNT 5384LMD642		ICN 559922573561			ASG Y	MOA	
1013940584	0319	031925	11	0 G0439		361.00	0.00	0.00	0.00	PR-204	361.00 0.00
1013940584	0319	031925	11	0 99497 33		132.00	77.66	0.00	0.00	OA-23	54.34 77.66
1013940584	0319	031925	11	0 99214 25		219.00	120.84	0.00	0.00	OA-23	98.16 120.84
1013940584	0319	031925	11	0 G0442 XU		30.00	0.00	0.00	0.00	PR-204	30.00 0.00
1013940584	0319	031925	11	0 G0444 XU		29.45	0.00	0.00	0.00	PR-204	29.45 0.00
1013940584	0319	031925	11	0 G0136 33		34.80	0.00	0.00	0.00	PR-204	34.80 0.00
1013940584	0319	031925	11	0 G2211		25.00	15.26	0.00	0.00	OA-23	9.74 15.26
PT RESP	455.25	CLAIM TOTALS				831.25	213.76	0.00	0.00		617.49 213.76
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	213.76
STATUS CODE 2: Processed as Secondary											

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	831.25	213.76	0.00	0.00	617.49	213.76	0.00	213.76

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

