

UNITED HEALTHCARE INSURANCE COMPANY []
 9900 BREN ROAD
 MINNETONKA, MN 553439664
 (877)842-3210

REMITTANCE
 ADVICE

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

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-06-11
 EFT #: W325444920
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CASAVANT, STACEY L			HIC	900243028	ACNT	6696LMD642			ICN	FD18421106	0341883623	ASG Y MOA
1306898036	0529	052925	11	1	96372		45.00	26.22	0.00	0.00	CO-45	18.78 26.22
PT RESP	0.00				CLAIM TOTALS		45.00	26.22	0.00	0.00		18.78 26.22
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 26.22

PLAN TYPE: CHOYC+
 STATUS CODE 1: Processed as Primary

NAME HOOKS, KYRA			HIC	916321068	ACNT	6614LMD642			ICN	FC98052385	0126598704	ASG Y MOA MA15
INSURED NAME: KEENA, SARAH J												
1013940584	0523	052325	11	1	99394 25		289.00	119.14	0.00	0.00	CO-45	169.86 119.14
1013940584	0523	052325	11	1	G0136 33		65.00	20.27	0.00	0.00	CO-45	44.73 20.27
PT RESP	0.00				CLAIM TOTALS		354.00	139.41	0.00	0.00		214.59 139.41
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 139.41

PLAN TYPE: CHOYC+
 STATUS CODE 1: Processed as Primary

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	399.00	165.63	0.00	0.00	233.37	165.63	0.00	165.63

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

