

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

REMITTANCE  
ADVICE

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

BYRON CENTER, MI 49315

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-03-31  
EFT #: 155939158250401  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	ALBIN, VICKIE L				HIC	H41324538	ACNT	4683LMD642		ICN	820250380581190	ASG Y MOA
1306898036	0207	020725	11	1	G9622			0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	G0439			361.00	121.85	0.00	0.00	CO-253 2.44 CO-45 239.15
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	99214	25		241.68	120.84	0.00	0.00	CO-253 2.42 CO-45 120.84
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	99497	33		132.00	0.00	0.00	0.00	CO-96 132.00
						REM: N180						
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	36415			20.00	9.09	0.00	0.00	CO-253 0.18 CO-45 10.91
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	82043	QW		14.70	5.78	0.00	0.00	CO-253 0.12 CO-45 8.92
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	82570	QW		17.85	0.00	0.00	0.00	CO-231 17.85
						REM: N20						
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	G0442	XU		30.00	0.00	0.00	0.00	CO-96 30.00
						REM: N180						
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	G0444	XU 33		29.45	0.00	0.00	0.00	CO-96 29.45
						REM: N180						
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	G2211			25.00	0.00	0.00	0.00	CO-B1 25.00
						REM: N20						
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	G8510			0.00	0.00	0.00	0.00	
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	3074F			0.00	0.00	0.00	0.00	
						HCPI: RECONSIDERATION						
1306898036	0207	020725	11	1	3078F			0.00	0.00	0.00	0.00	
						HCPI: RECONSIDERATION						
PT RESP		0.00			CLAIM	TOTALS		871.68	257.56	0.00	0.00	619.28 252.40
ADJ TO TOTAL: PREV PD					INTEREST			0.00				NET 252.40
PLAN TYPE: MEDICARE ADVANTAGE PPO												
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
	1	871.68	257.56	0.00	0.00	619.28	252.40	0.00	252.40

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

CO-231 Mutually exclusive procedures cannot be done in the same day / setting. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.  
CO-253 Sequestration - reduction in federal spending  
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
CO-96 Non-covered charge(s).  
CO-B1 Non-covered visits.  
N180 This item or service does not meet the criteria for the category under which it was billed.  
N20 Service not payable with other service rendered on the same date.

