LEXINGTON, KY 405124601

(000)000-0000

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BYRON CENTER FAMILY MEDICINE [941242]

7740 BYRON CENTER AVE SW STE 2

BYRON CENTER, MI 49315

NPI #: 1982923660

PAGE #: 1 of 1

DATE: 2025-04-08

EFT #: 156456150250409

TAX ID #: 272620668

REND PROV	SERV	DATE	POS	NOS	PROC	MOD	S BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	ſT	PROV PI
NAME MATZ	, ANNA	. M		HI	C H7047	4950	ACNT 5634LMD64			025094060	5967 ASG	Y MOA	
101394058	4 0403	040325	11	1	99213		146.00	85.63	0.00	0.00	CO-253	1.71	83.92
											CO-45	60.37	
						HCPI:	RECONSIDERATION	ī					
PT RESP	0.	00			CLAIM	TOTALS	146.00	85.63	0.00	0.00		62.08	83.92
ADJ TO TO					_	INTE		LATE	FILING C	HARGE	0.00	NET	83.92
PLAN TYPE			VANT	AGE 1	PPO								
STATUS CO		-		_									
NAME BALT	TERREZ	ROBER	т	нт	с н4086	2793	ACNT 5573LMD64	12	TCN 82	025091069	2906 ASG	Y MOA	
130689803		-			1160F	,2,,,,	0.00	0.00	0.00	0.00	2300 1150	- 11011	0.00
130003003	0 0331	055125		_	TIOOL	UCDI.	RECONSIDERATION		0.00	0.00			0.00
130689803	c 0221	022125	11	- 1	99214		219.00	120.84	0.00	0.00	CO-253	2.42	118.42
130009003	0 0331	033123	11		3321 4	25	219.00	120.04	0.00	0.00	CO-45	98.16	110.42
						TT CD T	DEGOVGTDED1 #101	_			CO-45	90.10	
				_		HCPI:	RECONSIDERATION						
130689803	6 0331	033125	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	0.31	14.95
											CO-45	9.74	
						HCPI:	RECONSIDERATION	1					
130689803	6 0331	033125	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-253	0.62	30.3
											CO-45	34.06	
						HCPI:	RECONSIDERATION	ī					
130689803	6 0331	033125	11	1	99401	33	65.00	0.00	0.00	0.00	CO-96	65.00	0.00
						REM:	N431						
							RECONSIDERATION	т					
130689803	6 0331	033125	11	1	3075F		0.00	0.00	0.00	0.00			0.00
130003003	0 0331	033123	11	_	3073F		RECONSIDERATION		0.00	0.00			0.00
12060000		022105		-	3079F	HCPI:			0.00	0.00			0.00
130689803	6 0331	033125	TT	1	30/9F		0.00	0.00	0.00	0.00			0.00
				_		HCPI:	RECONSIDERATION						
130689803	6 0331	033125	11	1	3008F		0.00	0.00	0.00	0.00			0.00
						HCPI:	RECONSIDERATION						
130689803	6 0331	033125	11	1	2001F		0.00	0.00	0.00	0.00			0.00
						HCPI:	RECONSIDERATION	ī					
130689803	6 0331	033125	11	1	2000F		0.00	0.00	0.00	0.00			0.00
						HCPI:	RECONSIDERATION	ī					
130689803	6 0331	033125	11	1	1000F		0.00	0.00	0.00	0.00			0.00
						HCPI:	RECONSIDERATION	1					
130689803	6 0331	033125	11	1	1159F		0.00	0.00	0.00	0.00			0.00
	0 0001	000110		_	11331		RECONSIDERATION		0.00	0.00			0.00
PT RESP	0	00			CT ATM	TOTALS	374.00	167.04	0.00	0.00		210.31	163.69
					CLAIM						0.00		
ADJ TO TO						INTE	REST 0.00	LATE	FILING C	HARGE	0.00	NET	163.69
PLAN TYPE		-		_									
STATUS CO	DE 1:	Process	ed a	s Pr	ımary								
TOTALS:	# OF	ъ	ILLE		ALLO	MED	DEDUCT	COINS	TOTAL	PROV P	י מי	PROV	CHECK
TOTALD.	CLAIM		AMT	-	Al		AMT	AMT	RC-AMT	AMT		J AMT	AMT
	2 2		АМ1 520.	20					272.39			-	
	2		520.	0	2:	2.67	0.00	0.00	2/2.39	247.	0 T	0.00	247.61

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

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).

N431 Service is not covered with this procedure.

