

HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601
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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: 2025-04-15
EFT #: 156976304250416
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	DENHAM, VICTORIA R		HIC	H49279094	ACNT	5758LMD642			ICN	820251000617657	ASG Y MOA	
1306898036	0409	040925	11	1	99396	25	327.00	116.78	0.00	0.00	CO-253	114.44
											CO-45	2.34
												210.22
1306898036	0409	040925	11	1	G2211		25.00	0.00	0.00	0.00	CO-B15	0.00
1306898036	0409	040925	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-253	15.90
											CO-45	0.32
												13.78
1306898036	0409	040925	11	1	G0444	XU	29.45	16.22	0.00	0.00	CO-253	15.90
											CO-45	0.32
												13.23
1306898036	0409	040925	11	1	G0136	33	34.80	17.40	0.00	0.00	CO-253	17.05
											CO-45	0.35
												17.40
1306898036	0409	040925	11	1	36415		20.00	9.09	0.00	0.00	CO-253	8.91
											CO-45	0.18
												10.91
1306898036	0409	040925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0409	040925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0409	040925	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0409	040925	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		466.25	175.71	0.00	0.00		294.05
ADJ TO TOTAL: PREV PD					INTEREST		0.00					172.20
PLAN TYPE: MEDICARE ADVANTAGE PPO												
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Overpayment Recovery (WO)		P4708LMD642/820250420661697		61.55

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	466.25	175.71	0.00	0.00	294.05	110.65	61.55	110.65

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-B15 Payment adjusted because this service / procedure requires that a qualifying service / procedure be received and covered. The qualifying other service / procedure has not been received / adjudicated.

