

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 2
DATE: 2025-05-31
EFT #: 160259798250601
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	SEVIGNY, DONALD A				HIC H71343606	ACNT 6522LMD642			ICN 820251480641318	ASG Y	MOA	
1013940584	0519	051925	11	1	G0439		361.00	121.85	0.00	0.00	CO-253	119.41
											CO-45	2.44
												239.15
1013940584	0519	051925	11	1	99397	25	341.00	125.61	0.00	0.00	CO-253	123.10
											CO-45	2.51
												215.39
1013940584	0519	051925	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-253	17.05
											CO-45	0.35
												47.60
1013940584	0519	051925	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-253	15.90
											CO-45	0.32
												13.78
1013940584	0519	051925	11	1	G0444	XU	29.45	16.22	0.00	0.00	CO-253	15.90
											CO-45	0.32
												13.23
1013940584	0519	051925	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-253	30.32
											CO-45	0.62
												34.06
1013940584	0519	051925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0519	051925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0519	051925	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0519	051925	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0519	051925	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1013940584	0519	051925	11	1	G9226		0.00	0.00	0.00	0.00		0.00
1013940584	0519	051925	11	1	G8417		0.00	0.00	0.00	0.00		0.00
1013940584	0519	051925	11	1	G8431		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		891.45	328.24	0.00	0.00		569.77
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 321.68
PLAN TYPE: MEDICARE ADVANTAGE PPO												
STATUS CODE 1: Processed as Primary												



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PAGE #: 2 of 2

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DATE: 2025-05-31

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	STUDEBAKER, JAMES				HIC	H79611236	ACNT 6621LMD642			ICN 820251470560302	ASG Y	MOA
1306898036	0523	052325	11	1	1160F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0523	052325	11	1	99213	25	146.00	85.63	0.00	0.00	CO-253	1.71
											CO-45	60.37
						HCPI: RECONSIDERATION						
1306898036	0523	052325	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-253	0.62
											CO-45	34.06
						HCPI: RECONSIDERATION						
1306898036	0523	052325	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-253	0.62
											CO-45	34.06
						HCPI: RECONSIDERATION						
1306898036	0523	052325	11	1	99401	25	65.00	0.00	0.00	0.00	CO-96	65.00
						REM: N431						
						HCPI: RECONSIDERATION						
1306898036	0523	052325	11	1	3075F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0523	052325	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0523	052325	11	1	1036F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0523	052325	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0523	052325	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0523	052325	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0523	052325	11	1	1000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0523	052325	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
PT RESP	0.00				CLAIM	TOTALS	341.00	147.51	0.00	0.00		196.44
ADJ TO TOTAL: PREV PD						INTEREST	0.00					144.56
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
	2	1232.45	475.75	0.00	0.00	766.21	466.24	0.00	466.24

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.

