

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: 2025-08-13  
 EFT #: W331834152  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	LEVALLEY, KEITH		HIC	995940977	ACNT	7661LMD642				ICN	FF19813548	0089304377 ASG Y MOA MA15
INSURED NAME: LEVALLEY, KEITH A												
1306898036	0725	072525	11	1	99386		388.00	158.55	0.00	0.00	CO-45	229.45 158.55
1306898036	0725	072525	11	1	36415		20.00	1.80	0.00	0.00	CO-45	18.20 1.80
1306898036	0725	072525	11	1	G0136 33		65.00	20.27	0.00	0.00	CO-45	44.73 20.27
PT RESP	0.00				CLAIM TOTALS		473.00	180.62	0.00	0.00		292.38 180.62
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 180.62
PLAN TYPE: CHOYC+												
STATUS CODE 1: Processed as Primary												

NAME	LEVALLEY, KEITH		HIC	995940977	ACNT	7661LMD642				ICN	FF19813548	0089304380 ASG Y MOA MA15
INSURED NAME: LEVALLEY, KEITH A												
1306898036	0725	072525	11	1	G0442 XU		30.00	19.02	0.00	0.00	CO-45	10.98 19.02
PT RESP	0.00				CLAIM TOTALS		30.00	19.02	0.00	0.00		10.98 19.02
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 19.02
PLAN TYPE: CHOYC+												
STATUS CODE 1: Processed as Primary												

NAME	LEVALLEY, KEITH		HIC	995940977	ACNT	7661LMD642				ICN	FF19813548	0089304382 ASG Y MOA MA15
INSURED NAME: LEVALLEY, KEITH A												
1306898036	0725	072525	11	1	G0444 XU		29.45	19.02	0.00	0.00	CO-45	10.43 19.02
PT RESP	0.00				CLAIM TOTALS		29.45	19.02	0.00	0.00		10.43 19.02
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 19.02
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
	3	532.45	218.66	0.00	0.00	313.79	218.66	0.00	218.66

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.

