

UNITED HEALTHCARE INSURANCE COMPANY []
 4 RESEARCH DRIVE
 SHELTON, CT 064846282
 (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: 2025-03-27
 EFT #: 37731146
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	DEVRIES, MARK				HIC 96820781000	ACNT 4998LMD642			ICN EX79991504	ASG Y	MOA	
1013940584	0226	022625	11	0	99213		146.00	68.22	0.00	0.00	CO-45	77.78
											PR-3	10.00
1013940584	0226	022625	11	0	3074F		0.00	0.00	0.00	0.00		0.00
						REM: N525						
1013940584	0226	022625	11	0	3079F		0.00	0.00	0.00	0.00		0.00
						REM: N525						
1013940584	0226	022625	11	0	3008F		0.00	0.00	0.00	0.00		0.00
						REM: N525						
1013940584	0226	022625	11	0	2001F		0.00	0.00	0.00	0.00		0.00
						REM: N525						
1013940584	0226	022625	11	0	2000F		0.00	0.00	0.00	0.00		0.00
						REM: N525						
1013940584	0226	022625	11	0	1000F		0.00	0.00	0.00	0.00		0.00
						REM: N525						
1013940584	0226	022625	11	0	1159F		0.00	0.00	0.00	0.00		0.00
						REM: N525						
1013940584	0226	022625	11	0	1160F		0.00	0.00	0.00	0.00		0.00
						REM: N525						
PT RESP	10.00				CLAIM TOTALS		146.00	68.22	0.00	0.00		87.78
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 58.22
PLAN TYPE: CHOICE PLUS POS												
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	146.00	68.22	0.00	0.00	87.78	58.22	0.00	58.22

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N525 These services are not covered when performed within the global period of another service.
 PR-3 Co-payment Amount

