

BLUE CARE NETWORK OF MICHIGAN []  
441 E. JEFFERSON  
DETROIT, MI 48226  
(000)000-0000

REMITTANCE  
ADVICE

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]  
7740 BYRON CENTER AVE  
  
BYRON CENTER, MI 49315

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-06-20  
EFT #: 25167B1000139718064660065  
TAX ID #: 272620668

| REND                                | PROV | SERV DATE | POS             | NOS | PROC         | MODS       | BILLED           | ALLOWED | DEDUCT             | COINS | GRP/RC-AMT | PROV PD |
|-------------------------------------|------|-----------|-----------------|-----|--------------|------------|------------------|---------|--------------------|-------|------------|---------|
| NAME GIARMO, JOSEPH S               |      |           | HIC 91570891801 |     | ACNT         | 6817LMD642 | ICN E18399605500 |         | ASG Y              |       | MOA        |         |
| 1013940584                          | 1111 | 111124    | 11              | 1   | 90656        |            | 35.00            | 22.18   | 0.00               | 0.00  | CO-45      | 22.18   |
| 1013940584                          | 1111 | 111124    | 11              | 1   | 90471        |            | 41.00            | 28.12   | 0.00               | 0.00  | CO-45      | 28.12   |
| PT RESP                             | 0.00 |           |                 |     | CLAIM TOTALS |            | 76.00            | 50.30   | 0.00               | 0.00  |            | 50.30   |
| ADJ TO TOTAL: PREV PD               |      |           |                 |     |              |            | INTEREST         | 0.00    | LATE FILING CHARGE |       | 0.00       | 50.30   |
| STATUS CODE 1: Processed as Primary |      |           |                 |     |              |            |                  |         |                    |       |            |         |

|                                     |      |        |                  |   |              |            |                  |        |                    |      |        |       |
|-------------------------------------|------|--------|------------------|---|--------------|------------|------------------|--------|--------------------|------|--------|-------|
| NAME HOEVE, CHERYL A                |      |        | HIC XYK997191146 |   | ACNT         | 6813LMD642 | ICN E18399917100 |        | ASG Y              |      | MOA    |       |
| 1306898036                          | 0606 | 060625 | 11               | 1 | 99213        |            | 146.00           | 85.63  | 0.00               | 0.00 | CO-45  | 83.92 |
|                                     |      |        |                  |   |              |            |                  |        |                    |      | CO-104 | 1.71  |
| 1306898036                          | 0606 | 060625 | 11               | 1 | G2211        |            | 25.00            | 15.26  | 0.00               | 0.00 | CO-45  | 14.95 |
|                                     |      |        |                  |   |              |            |                  |        |                    |      | CO-104 | 0.31  |
| 1306898036                          | 0606 | 060625 | 11               | 1 | 3074F        |            | 0.00             | 0.00   | 0.00               | 0.00 |        | 0.00  |
| 1306898036                          | 0606 | 060625 | 11               | 1 | 3078F        |            | 0.00             | 0.00   | 0.00               | 0.00 |        | 0.00  |
| 1306898036                          | 0606 | 060625 | 11               | 1 | 1036F        |            | 0.00             | 0.00   | 0.00               | 0.00 |        | 0.00  |
| 1306898036                          | 0606 | 060625 | 11               | 1 | 3008F        |            | 0.00             | 0.00   | 0.00               | 0.00 |        | 0.00  |
| 1306898036                          | 0606 | 060625 | 11               | 1 | 2001F        |            | 0.00             | 0.00   | 0.00               | 0.00 |        | 0.00  |
| 1306898036                          | 0606 | 060625 | 11               | 1 | 2000F        |            | 0.00             | 0.00   | 0.00               | 0.00 |        | 0.00  |
| 1306898036                          | 0606 | 060625 | 11               | 1 | 1000F        |            | 0.00             | 0.00   | 0.00               | 0.00 |        | 0.00  |
| 1306898036                          | 0606 | 060625 | 11               | 1 | 1159F        |            | 0.00             | 0.00   | 0.00               | 0.00 |        | 0.00  |
| 1306898036                          | 0606 | 060625 | 11               | 1 | 1160F        |            | 0.00             | 0.00   | 0.00               | 0.00 |        | 0.00  |
| PT RESP                             | 0.00 |        |                  |   | CLAIM TOTALS |            | 171.00           | 100.89 | 0.00               | 0.00 |        | 98.87 |
| ADJ TO TOTAL: PREV PD               |      |        |                  |   |              |            | INTEREST         | 0.00   | LATE FILING CHARGE |      | 0.00   | 98.87 |
| STATUS CODE 1: Processed as Primary |      |        |                  |   |              |            |                  |        |                    |      |        |       |

|                                     |      |        |                  |   |              |            |                  |       |                    |      |        |       |
|-------------------------------------|------|--------|------------------|---|--------------|------------|------------------|-------|--------------------|------|--------|-------|
| NAME MERRITT, DENNIS R              |      |        | HIC XYK991672189 |   | ACNT         | 6843LMD642 | ICN E18405993300 |       | ASG Y              |      | MOA    |       |
| 1306898036                          | 0606 | 060625 | 11               | 1 | 98966        |            | 25.00            | 12.59 | 0.00               | 0.00 | CO-45  | 12.34 |
|                                     |      |        |                  |   |              |            |                  |       |                    |      | CO-104 | 0.25  |
| PT RESP                             | 0.00 |        |                  |   | CLAIM TOTALS |            | 25.00            | 12.59 | 0.00               | 0.00 |        | 12.34 |
| ADJ TO TOTAL: PREV PD               |      |        |                  |   |              |            | INTEREST         | 0.00  | LATE FILING CHARGE |      | 0.00   | 12.34 |
| STATUS CODE 1: Processed as Primary |      |        |                  |   |              |            |                  |       |                    |      |        |       |

|                                     |      |        |                  |   |              |            |                  |       |                    |      |        |       |
|-------------------------------------|------|--------|------------------|---|--------------|------------|------------------|-------|--------------------|------|--------|-------|
| NAME BOUWHUIS, GERALD A             |      |        | HIC XYK893692382 |   | ACNT         | 6893LMD642 | ICN E18418851000 |       | ASG Y              |      | MOA    |       |
| 1306898036                          | 0609 | 060925 | 11               | 1 | 98966        |            | 25.00            | 12.59 | 0.00               | 0.00 | CO-45  | 12.34 |
|                                     |      |        |                  |   |              |            |                  |       |                    |      | CO-104 | 0.25  |
| PT RESP                             | 0.00 |        |                  |   | CLAIM TOTALS |            | 25.00            | 12.59 | 0.00               | 0.00 |        | 12.34 |
| ADJ TO TOTAL: PREV PD               |      |        |                  |   |              |            | INTEREST         | 0.00  | LATE FILING CHARGE |      | 0.00   | 12.34 |
| STATUS CODE 1: Processed as Primary |      |        |                  |   |              |            |                  |       |                    |      |        |       |

| PROVIDER ADJ DETAILS:     | PLB REASON CODE | FCN/OTHER IDENTIFIER | HIC | AMOUNT |
|---------------------------|-----------------|----------------------|-----|--------|
| Overpayment Recovery (WO) |                 | E18353029800         |     | 14.95  |

| TOTALS: | # OF CLAIMS | BILLED AMT | ALLOWED AMT | DEDUCT AMT | COINS AMT | TOTAL RC-AMT | PROV PD AMT | PROV ADJ AMT | CHECK AMT |
|---------|-------------|------------|-------------|------------|-----------|--------------|-------------|--------------|-----------|
|         | 4           | 297.00     | 176.37      | 0.00       | 0.00      | 123.15       | 158.90      | 14.95        | 158.90    |

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

CO-104 Managed care withholding.

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

