```
BYRON CENTER FAMILY MEDICINE                    NPI #:        1982923660
7740 BYRON CENTER AVE SUITE 202                 PAGE #:       1 of 1
                                                DATE:         2025-03-20
BYRON CENTER, MI 49315                          EFT #:        11221276398
                                                TAX ID #:     272620668
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REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT		PROV PD
NAME MINER, EDWARD B		HIC 39940795711	ACNT 4408LMD642				ICN 555102570911		ASG Y	MOA	
1013940584	0127 012725 11	0	99214	25	219.00	0.00	0.00	0.00	PR-204	219.00	0.00
1013940584	0127 012725 11	0	73080	LT	74.80	29.54	0.00	0.00	OA-23	68.89	5.91
1013940584	0127 012725 11	0	G2211		25.00	0.00	0.00	0.00	PR-204	25.00	0.00
PT RESP 244.00		CLAIM TOTALS			318.80	29.54	0.00	0.00		312.89	5.91

```
ADJ TO TOTAL: PREV PD            INTEREST     0.00     LATE FILING CHARGE        0.00    NET        5.91
STATUS CODE 2: Processed as Secondary
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REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT		PROV PD
NAME MILLER, STEVEN L		HIC 35531375811	ACNT 4548LMD642				ICN 555262470721		ASG Y	MOA	
1013940584	1105 110524 11	0	99214	25	219.00	123.66	0.00	0.00	OA-23	101.20	1.46
									PI-204	116.34	
1013940584	1105 110524 11	0	G2211		25.00	0.00	0.00	0.00	PR-204	25.00	0.00
1013940584	1105 110524 11	0	90662		90.00	0.00	0.00	0.00	OA-23	90.00	0.00
1013940584	1105 110524 11	0	G0008		41.00	0.00	0.00	0.00	OA-23	41.00	0.00
1013940584	1105 110524 11	0	83036	QW	60.90	0.00	0.00	0.00	OA-23	60.90	0.00
PT RESP 25.00		CLAIM TOTALS			435.90	123.66	0.00	0.00		434.44	1.46

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ADJ TO TOTAL: PREV PD            INTEREST     0.00     LATE FILING CHARGE        0.00    NET        1.46
STATUS CODE 2: Processed as Secondary
```

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	754.70	153.20	0.00	0.00	747.33	7.37	0.00	7.37

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GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
OA-23      Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or
           adjustments
PI-204     This service / equipment / drug is not covered under the patient's current benefit plan
PR-204     This service / equipment / drug is not covered under the patient's current benefit plan
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