

UNITEDHEALTHCARE COMMUNITY PLAN INC []
MICHIGAN
KINGSTON, NY 124025280
(888)478-4760

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE
7740 BYRON CENTER AVE SUITE 202
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-04-11
EFT #: 25099B1000766529
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME COVERT, BRIAN R			HIC 132425942	ACNT 5426LMD642				ICN RA5038555400	ASG Y	MOA	
1306898036	0324	032425	11	1 99213 25		146.00	72.34	0.00	0.00	CO-45	73.66 72.34
			(M1)								
1306898036	0324	032425	11	1 36415		20.00	1.80	0.00	0.00	CO-45	18.20 1.80
			(M2)								
1306898036	0324	032425	11	1 82043 QW		14.70	3.47	0.00	0.00	CO-45	11.23 3.47
			(M3)								
1306898036	0324	032425	11	1 82570 QW		17.85	3.11	0.00	0.00	CO-45	14.74 3.11
			(M4)								
1306898036	0324	032425	11	1 G0446 XU		61.88	25.37	0.00	0.00	CO-45	36.51 25.37
			(M5)								
1306898036	0324	032425	11	1 0513F		0.00	0.00	0.00	0.00		0.00
			(M6)								
1306898036	0324	032425	11	1 3079F		0.00	0.00	0.00	0.00		0.00
			(M7)								
1306898036	0324	032425	11	1 3060F		0.00	0.00	0.00	0.00		0.00
			(M8)								
1306898036	0324	032425	11	1 3077F		0.00	0.00	0.00	0.00		0.00
			(M9)								
PT RESP	0.00			CLAIM TOTALS		260.43	106.09	0.00	0.00		154.34 106.09
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 106.09
PLAN TYPE: UHC SILVER-C VALUE											
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	260.43	106.09	0.00	0.00	154.34	106.09	0.00	106.09

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

