

HUMANA INC. []  
P.O. BOX 14601  
LEXINGTON, KY 405124601  
(000)000-0000  
APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948

REMITTANCE  
ADVICE

BYRON CENTER FAMILY MEDICINE [941242]  
7740 BYRON CENTER AVE SW STE 2

BYRON CENTER, MI 49315

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-03-27  
EFT #: 155568266250328  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	LENARD, MARY L				HIC	H44607557	ACNT	5330LMD642		ICN	820250780666603	ASG Y MOA
1013940584	1211	121124	11	1	3051F			0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	1211	121124	11	1	G0439			361.00	125.39	0.00	0.00	CO-253 2.51 CO-45 235.61
						HCPI: RECONSIDERATION						
1013940584	1211	121124	11	1	99214	25		247.32	123.66	0.00	0.00	CO-253 2.37 CO-45 123.66 PR-3 5.00
						HCPI: RECONSIDERATION						
1013940584	1211	121124	11	1	83036	QW		60.90	9.71	0.00	0.00	CO-253 0.19 CO-45 51.19
						HCPI: RECONSIDERATION						
1013940584	1211	121124	11	1	G0008			41.00	31.50	0.00	0.00	CO-253 0.63 CO-45 9.50
						HCPI: RECONSIDERATION						
1013940584	1211	121124	11	1	90662			90.00	83.50	0.00	0.00	CO-45 6.50
						HCPI: RECONSIDERATION						
1013940584	1211	121124	11	1	G2211			25.00	0.00	0.00	0.00	CO-B1 25.00
						REM: N20						
						HCPI: RECONSIDERATION						
1013940584	1211	121124	11	1	G0444	XU		29.45	17.91	0.00	0.00	CO-253 0.36 CO-45 11.54
						HCPI: RECONSIDERATION						
1013940584	1211	121124	11	1	G0442	XU		30.00	17.91	0.00	0.00	CO-253 0.36 CO-45 12.09
						HCPI: RECONSIDERATION						
1013940584	1211	121124	11	1	3074F			0.00	0.00	0.00	0.00	
						HCPI: RECONSIDERATION						
1013940584	1211	121124	11	1	3078F			0.00	0.00	0.00	0.00	
						HCPI: RECONSIDERATION						
1013940584	1211	121124	11	1	G9622			0.00	0.00	0.00	0.00	
						HCPI: RECONSIDERATION						
1013940584	1211	121124	11	1	G8510			0.00	0.00	0.00	0.00	
						HCPI: RECONSIDERATION						
1013940584	1211	121124	11	1	2028F			0.00	0.00	0.00	0.00	
						HCPI: RECONSIDERATION						
1013940584	1211	121124	11	1	1158F			0.00	0.00	0.00	0.00	
						HCPI: RECONSIDERATION						
PT RESP	5.00				CLAIM	TOTALS		884.67	409.58	0.00	0.00	486.51 398.16
ADJ TO TOTAL: PREV PD						INTEREST		0.00				NET 398.16
PLAN TYPE: MEDICARE ADVANTAGE PPO												
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	884.67	409.58	0.00	0.00	486.51	398.16	0.00	398.16

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
CO-253 Sequestration - reduction in federal spending  
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
CO-B1 Non-covered visits.  
N20 Service not payable with other service rendered on the same date.  
PR-3 Co-payment Amount

