

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 3  
DATE: 2025-05-16  
EFT #: 25132B1000152925064621177  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME MOOMEY, MARVIN M					HIC	XYK892506116 ACNT	6000LMD642		ICN	E18232578800	ASG Y	MOA	
1013940584	0422	042225	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15	119.41
											CO-104	2.44	
1013940584	0422	042225	11	1	G0513		101.00	0.00	0.00	0.00	CO-B15	101.00	0.00
						REM: M51 N1							
1013940584	0422	042225	11	1	99214	25	241.68	120.84	0.00	0.00	CO-45	120.84	118.42
											CO-104	2.42	
1013940584	0422	042225	11	1	G0136	33	34.80	17.40	0.00	0.00	CO-45	17.40	17.05
											CO-104	0.35	
1013940584	0422	042225	11	1	G0446	XU	30.00	30.00	0.00	0.00	CO-104	0.60	29.40
1013940584	0422	042225	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74	14.95
											CO-104	0.31	
1013940584	0422	042225	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-104	0.62	
1013940584	0422	042225	11	1	99401	25	65.00	0.00	0.00	0.00	CO-231	65.00	0.00
						REM: N1							
1013940584	0422	042225	11	1	G0557	33	50.00	0.00	0.00	0.00	CO-182	50.00	0.00
						REM: N1							
1013940584	0422	042225	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-45	13.78	15.90
											CO-104	0.32	
1013940584	0422	042225	11	1	G0444	XU	29.45	16.22	0.00	0.00	CO-45	13.23	15.90
											CO-104	0.32	
1013940584	0422	042225	11	1	2028F		0.00	0.00	0.00	0.00			0.00
1013940584	0422	042225	11	1	1158F		0.00	0.00	0.00	0.00			0.00
1013940584	0422	042225	11	1	G8417		0.00	0.00	0.00	0.00			0.00
1013940584	0422	042225	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1013940584	0422	042225	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1013940584	0422	042225	11	1	G8510		0.00	0.00	0.00	0.00			0.00
1013940584	0422	042225	11	1	G9622		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS	1032.93	368.73	0.00	0.00		671.58	361.35
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	361.35
STATUS CODE 1: Processed as Primary													

NAME	BRITTON, KATHERINE M				HIC	XYK891921772 ACNT	6130LMD642			ICN	E18264448700	ASG	Y	MOA
1013940584	0501	050125	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15		119.41
											CO-104	2.44		
1013940584	0501	050125	11	1	99397	25	341.00	141.08	0.00	0.00	CO-45	199.92		138.26
											CO-104	2.82		
1013940584	0501	050125	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92		5.66
											CO-104	0.12		
1013940584	0501	050125	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67		5.08
											CO-104	0.10		
1013940584	0501	050125	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91		8.91
											CO-104	0.18		
1013940584	0501	050125	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-45	47.60		17.05
											CO-104	0.35		
1013940584	0501	050125	11	1	G2211		25.00	0.00	0.00	0.00	CO-B15	25.00		0.00
						REM: M51 N1								
1013940584	0501	050125	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-45	13.78		15.90
											CO-104	0.32		
1013940584	0501	050125	11	1	G0444	XU	29.45	16.22	0.00	0.00	CO-45	13.23		15.90
											CO-104	0.32		
1013940584	0501	050125	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-45	34.06		30.32
											CO-104	0.62		
1013940584	0501	050125	11	1	1158F		0.00	0.00	0.00	0.00				0.00
1013940584	0501	050125	11	1	0513F		0.00	0.00	0.00	0.00				0.00
1013940584	0501	050125	11	1	G8420		0.00	0.00	0.00	0.00				0.00
1013940584	0501	050125	11	1	G9621		0.00	0.00	0.00	0.00				0.00
1013940584	0501	050125	11	1	2022F		0.00	0.00	0.00	0.00				0.00
1013940584	0501	050125	11	1	G8510		0.00	0.00	0.00	0.00				0.00
PT RESP	0.00				CLAIM	TOTALS	969.00	363.76	0.00	0.00		612.51		356.49
ADJ TO TOTAL: PREV PD					INTEREST		0.00			LATE FILING CHARGE		0.00	NET	356.49
STATUS CODE 1: Processed as Primary														



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BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25132B1000152925064621177 PAGE #: 2 of 3

REMITTANCE

ADVICE

DATE: 2025-05-16

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	WHEELER, KRISTEN N					HIC	91374044301	ACNT	6179LMD642		ICN	E18277337200	ASG	Y MOA
1306898036	0505	050525	11	1	99213	25		146.00	0.00	0.00	0.00	PR-27	146.00	0.00
1306898036	0505	050525	11	1	G0447	XU		65.00	0.00	0.00	0.00	PR-27	65.00	0.00
1306898036	0505	050525	11	1	99401	25		65.00	0.00	0.00	0.00	PR-27	65.00	0.00
1306898036	0505	050525	11	1	36415			20.00	0.00	0.00	0.00	PR-27	20.00	0.00
1306898036	0505	050525	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0505	050525	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0505	050525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0505	050525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0505	050525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0505	050525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0505	050525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0505	050525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	296.00					CLAIM TOTALS		296.00	0.00	0.00	0.00		296.00	0.00
ADJ TO TOTAL:	PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

NAME	COOK, JACK E					HIC	XYK893691287	ACNT	6159LMD642		ICN	E18277748700	ASG	Y MOA
1306898036	0502	050225	11	1	96372			45.00	13.25	0.00	0.00	CO-45	31.75	12.98
												CO-104	0.27	
PT RESP	0.00					CLAIM TOTALS		45.00	13.25	0.00	0.00		32.02	12.98
ADJ TO TOTAL:	PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	12.98
STATUS CODE 1: Processed as Primary														

NAME	PARKER, JANET L					HIC	XYHM05780255	ACNT	6197LMD642		ICN	E18283855900	ASG	Y MOA
INSURED NAME:	PARKER, DAVID L													
1013940584	0506	050625	11	1	99214			219.00	120.88	0.00	0.00	CO-45	98.12	75.88
												PR-3	45.00	
1013940584	0506	050625	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0506	050625	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0506	050625	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0506	050625	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0506	050625	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0506	050625	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0506	050625	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0506	050625	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	45.00					CLAIM TOTALS		219.00	120.88	0.00	0.00		143.12	75.88
ADJ TO TOTAL:	PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	75.88
STATUS CODE 1: Processed as Primary														

NAME	ZYLSTRA, BRIAN F					HIC	XYH891987763	ACNT	6211LMD642		ICN	E18288244200	ASG	Y MOA
INSURED NAME:	ZYLSTRA, TOYA M													
1306898036	0506	050625	11	1	99213			146.00	83.35	0.00	0.00	CO-45	62.65	0.00
												CO-24	63.35	
												PR-3	20.00	
1306898036	0506	050625	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0506	050625	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0506	050625	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0506	050625	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0506	050625	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0506	050625	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0506	050625	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0506	050625	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0506	050625	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	20.00					CLAIM TOTALS		146.00	83.35	0.00	0.00		146.00	0.00
ADJ TO TOTAL:	PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

NAME	STUTZMAN, JERRY					HIC	XYHM64162523	ACNT	6216LMD642		ICN	E18288777000	ASG	Y MOA
INSURED NAME:	STUTZMAN, JANELLE													
1306898036	0506	050625	11	1	99213	25		146.00	41.68	0.00	0.00	CO-B10	104.32	41.68
						REM: M80 N1								
1306898036	0506	050625	11	1	G0447	XU		65.00	39.31	0.00	0.00	CO-45	25.69	39.31
1306898036	0506	050625	11	1	99401	25		65.00	0.00	0.00	0.00	CO-B14	65.00	0.00
						REM: N1								
1306898036	0506	050625	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0506	050625	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0506	050625	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0506	050625	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0506	050625	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0506	050625	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0506	050625	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0506	050625	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		276.00	80.99	0.00	0.00		195.01	80.99
ADJ TO TOTAL:	PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	80.99
STATUS CODE 1: Processed as Primary														



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BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25132B1000152925064621177 PAGE #: 3 of 3

REMITTANCE

ADVICE

DATE: 2025-05-16

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	COOK, SUE A				HIC	XYK990597802 ACNT	6249LMD642		ICN	E18289316300	ASG Y	MOA
1306898036	0507	050725	11	1	99213		146.00	85.63	0.00	0.00	CO-45	60.37
											CO-104	1.71
1306898036	0507	050725	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74
											CO-104	0.31
1306898036	0507	050725	11	1	0513F		0.00	0.00	0.00	0.00		0.00
1306898036	0507	050725	11	1	G8420		0.00	0.00	0.00	0.00		0.00
1306898036	0507	050725	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0507	050725	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0507	050725	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0507	050725	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0507	050725	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0507	050725	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		72.13
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												98.87

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	8	3154.93	1131.85	0.00	0.00	2168.37	986.56	0.00	986.56

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

CO-104 Managed care withholding.

CO-182 Payment adjusted because the procedure modifier was invalid on the date of service

CO-231 Mutually exclusive procedures cannot be done in the same day / setting. Note: Refer to the 835

Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.

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

CO-B10 Allowed amount has been reduced because a component of the basic procedure / test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure / test.

CO-B14 Payment denied because only one visit or consultation per physician per day is covered.

CO-B15 Payment adjusted because this service / procedure requires that a qualifying service / procedure be received and covered. The qualifying other service / procedure has not been received / adjudicated.

M51 Missing / incomplete / invalid procedure code(s).

M80 Not covered when performed during the same session / date as a previously processed service for the patient.

N1 Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract or plan benefit documents.

PR-27 Expenses incurred after coverage terminated.

PR-3 Co-payment Amount

