

UNITED HEALTHCARE INSURANCE COMPANY []
 HEALTH CARE ACCOUNT SERVICE CENTER
 EL PASO, TX 799981506
 (866)314-0335

REMITTANCE
 ADVICE

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

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-03-19
 EFT #: SG15564517
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KEENA, SARAH J			HIC 916321068	ACNT	5147LMD642			ICN 088789072604	ASG Y	MOA MA15 N520	
1013940584	0307	030725	99	1	99396	327.00	0.00	0.00	0.00	OA-23	327.00 0.00
1013940584	0307	030725	99	1	99214 25	241.68	51.44	0.00	0.00	OA-23	190.24 51.44
1013940584	0307	030725	99	1	36415	20.00	1.26	0.00	0.00	OA-23	18.74 1.26
1013940584	0307	030725	99	1	99406 XU	27.06	0.00	0.00	0.00	OA-23	27.06 0.00
1013940584	0307	030725	99	1	96127 XU	40.00	0.00	0.00	0.00	OA-23	40.00 0.00
1013940584	0307	030725	99	1	96127 XU	40.00	6.06	0.00	0.00	OA-23	33.94 6.06
PT RESP		0.00			CLAIM TOTALS	695.74	58.76	0.00	0.00		636.98 58.76
ADJ TO TOTAL: PREV PD					INTEREST	0.00		LATE FILING CHARGE		0.00	NET 58.76
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
	1	695.74	58.76	0.00	0.00	636.98	58.76	0.00	58.76

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

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
 N520 Alert: Payment made from a Consumer Spending Account.
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

