

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 2
DATE: 2025-02-28
EFT #: 153672850250301
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BROWN, EDDIE					HIC H69558234	ACNT 4897LMD642				ICN 820250550323443	ASG Y MOA	
1013940584	1220	122024	11	1	81001		43.05	3.17	0.00	0.00	CO-253	0.06
											CO-45	39.88
PT RESP	0.00				CLAIM TOTALS		43.05	3.17	0.00	0.00		39.94
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 3.11
PLAN TYPE: MEDICARE ADVANTAGE PPO												
STATUS CODE 1: Processed as Primary												

NAME PRENTISS, PHYLLIS					HIC H78824854	ACNT 4960LMD642				ICN 820250560580600	ASG Y MOA	
1306898036	0224	022425	11	1	99214		219.00	120.84	0.00	0.00	CO-253	2.42
											CO-45	98.16
1306898036	0224	022425	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	0.31
											CO-45	9.74
1306898036	0224	022425	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		244.00	136.10	0.00	0.00		110.63
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 133.37
PLAN TYPE: MEDICARE ADVANTAGE PPO												
STATUS CODE 1: Processed as Primary												



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DATE: 2025-02-28

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BARTZ, JOANN M			HIC		H46769308		ACNT 4708LMD642		ICN 820250480526184		ASG Y	MOA
INSURED NAME: BARTZ, JO ANN M												
1306898036	0210	021025	11	1	99397	52	61.55	0.00	0.00	0.00	CO-B13	61.55 0.00
HCPI: RECONSIDERATION												
1306898036	0210	021025	11	1	G2211		25.00	0.00	0.00	0.00	CO-B1	25.00 0.00
REM: N20												
HCPI: RECONSIDERATION												
1306898036	0210	021025	11	1	G0444	XU	15.90	0.00	0.00	0.00	CO-B13	15.90 0.00
HCPI: RECONSIDERATION												
1306898036	0210	021025	11	1	99214	25	241.68	120.84	0.00	0.00	CO-253 CO-45 PR-3	2.32 120.84 5.00 113.52
HCPI: RECONSIDERATION												
1306898036	0210	021025	11	1	G0444	XU	74.78	0.00	0.00	0.00	CO-45	74.78 0.00
REM: N381												
HCPI: RECONSIDERATION												
1306898036	0210	021025	11	1	G0442	XU	15.90	0.00	0.00	0.00	CO-B13	15.90 0.00
HCPI: RECONSIDERATION												
1306898036	0210	021025	11	1	G0442	XU	0.32	0.00	0.00	0.00	CO-253	0.32 0.00
HCPI: RECONSIDERATION												
1306898036	0210	021025	11	1	G0442	XU	26.78	0.00	0.00	0.00	CO-45	26.78 0.00
REM: N381												
HCPI: RECONSIDERATION												
1306898036	0210	021025	11	1	G0444	XU	0.32	0.00	0.00	0.00	CO-253	0.32 0.00
HCPI: RECONSIDERATION												
1306898036	0210	021025	11	1	G0439		361.00	121.85	0.00	0.00	CO-253 CO-45	2.44 239.15 119.41
HCPI: RECONSIDERATION												
1306898036	0210	021025	11	1	99497	33	76.11	0.00	0.00	0.00	CO-B13	76.11 0.00
HCPI: RECONSIDERATION												
1306898036	0210	021025	11	1	99497	33	1.55	0.00	0.00	0.00	CO-253	1.55 0.00
HCPI: RECONSIDERATION												
1306898036	0210	021025	11	1	99397	52	1.26	0.00	0.00	0.00	CO-253	1.26 0.00
HCPI: RECONSIDERATION												
1306898036	0210	021025	11	1	99397	52	278.19	0.00	0.00	0.00	CO-45	278.19 0.00
REM: N381												
HCPI: RECONSIDERATION												
1306898036	0210	021025	11	1	36415		8.91	0.00	0.00	0.00	CO-B13	8.91 0.00
HCPI: RECONSIDERATION												
1306898036	0210	021025	11	1	36415		0.18	0.00	0.00	0.00	CO-253	0.18 0.00
HCPI: RECONSIDERATION												
1306898036	0210	021025	11	1	36415		10.91	0.00	0.00	0.00	CO-45	10.91 0.00
REM: N381												
HCPI: RECONSIDERATION												
1306898036	0210	021025	11	1	99497	33	54.34	0.00	0.00	0.00	CO-45	54.34 0.00
REM: N381												
HCPI: RECONSIDERATION												
PT RESP	5.00		CLAIM TOTALS				1254.68	242.69	0.00	0.00	1021.75	232.93
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 232.93
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
	3	1541.73	381.96	0.00	0.00	1172.32	369.41	0.00	369.41

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.

CO-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.

N20 Service not payable with other service rendered on the same date.

N381 Consult our contractual agreement for restrictions / billing / payment information related to these charges.

PR-3 Co-payment Amount

