

BLUE CARE NETWORK OF MICHIGAN - SELF-FUNDED []
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 2
DATE: 2025-05-16
EFT #: 25132B1000278939065060641
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME NGUYEN, GRACE				HIC	XYS926418486 ACNT		2984LMD642		ICN E17635176201		ASG Y	MOA	
INSURED NAME: NGUYEN, THIEP N													
1306898036	1108	110824	11	-1	99393	25	-270.00	0.00	0.00	0.00	CO-45	-158.21	0.00
												CO-24	-111.79
1306898036	1108	110824	11	-1	G2211		-25.00	0.00	0.00	0.00	CO-97	-25.00	0.00
1306898036 1108 110824 11 -2 96372						REM: N1	-90.00	0.00	0.00	0.00	CO-236	-90.00	0.00
						REM: N1							
1306898036	1108	110824	11	-1	G0444	XU	-35.20	0.00	0.00	0.00	CO-45	-5.72	-29.48
1306898036	1108	110824	11	-1	G8476		0.00	0.00	0.00	0.00			0.00
1306898036	1108	110824	11	-1	G0442	XU	-43.00	0.00	0.00	0.00	CO-45	-13.52	-29.48
1306898036	1108	110824	11	-1	G8420		0.00	0.00	0.00	0.00			0.00
1306898036	1108	110824	11	-1	3074F		0.00	0.00	0.00	0.00			0.00
1306898036	1108	110824	11	-1	3078F		0.00	0.00	0.00	0.00			0.00
1306898036	1108	110824	11	-1	90651		-311.00	0.00	0.00	0.00	CO-45	-6.50	-304.50
1306898036	1108	110824	11	-1	90734		-277.00	0.00	0.00	0.00	CO-16	-277.00	0.00
						REM: M119							
1306898036	1108	110824	11	-1	G8510		0.00	0.00	0.00	0.00			0.00
1306898036	1108	110824	11	-1	G9622		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS	-1051.20	0.00	0.00	0.00		-687.74	-363.46
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	-363.46
STATUS CODE 22: Reversal of Previous Payment													

NAME NGUYEN, GRACE				HIC				XYS926418486 ACNT		2984LMD642		ICN		E17635176202		ASG Y		MOA	
INSURED NAME: NGUYEN, THIEP N																			
1306898036	1108	110824	11	1	99393	25		270.00	111.79	0.00	0.00		CO-45	158.21		0.00			
1306898036	1108	110824	11	1	G2211			25.00	0.00	0.00	0.00		CO-24	111.79					
1306898036	1108	110824	11	2	96372			90.00	0.00	0.00	0.00		CO-231	25.00					
1306898036	1108	110824	11	1	G0444	XU		35.20	0.00	0.00	0.00		CO-97	35.20					
1306898036	1108	110824	11	1	G8476			0.00	0.00	0.00	0.00								
1306898036	1108	110824	11	1	G0442	XU		43.00	0.00	0.00	0.00		CO-97	43.00					
1306898036	1108	110824	11	1	G8420			0.00	0.00	0.00	0.00								
1306898036	1108	110824	11	1	3074F			0.00	0.00	0.00	0.00								
1306898036	1108	110824	11	1	3078F			0.00	0.00	0.00	0.00								
1306898036	1108	110824	11	1	90651			311.00	304.50	0.00	0.00		CO-45	6.50		304.50			
1306898036	1108	110824	11	1	90734			277.00	0.00	0.00	0.00		CO-16	277.00		0.00			
1306898036	1108	110824	11	1	G8510			0.00	0.00	0.00	0.00								
1306898036	1108	110824	11	1	G9622			0.00	0.00	0.00	0.00								
PT RESP	0.00			CLAIM		TOTALS		1051.20	416.29	0.00	0.00					746.70		304.50	
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE				0.00		NET		304.50			
STATUS CODE 1: Processed as Primary																			

NAME NGUYEN, GRACE		HIC		XYS926418486 ACNT		3888LMD642		ICN		E18180677600		ASG Y		MOA	
INSURED NAME: NGUYEN, THIEP N															
1306898036 1108 110824 11		1		90471		38.78		28.12		0.00		0.00		CO-45 10.66 28.12	
1306898036 1108 110824 11		1		90734		277.00		0.00		0.00		0.00		CO-16 277.00 0.00	
				REM: M119											
PT RESP 0.00		CLAIM		TOTALS		315.78		28.12		0.00		0.00		287.66 28.12	
ADJ TO TOTAL: PREV PD		INTEREST		0.00		LATE FILING		CHARGE		0.00		NET		28.12	
STATUS CODE 1: Processed as Primary															



BLUE CARE NETWORK OF MICHIGAN - SELF-FUNDED

NPI #: 1982923660 BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]
 EFT #: 25132B1000278939065060641 PAGE #: 2 of 2

REMITTANCE

ADVICE

DATE: 2025-05-16

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	DOMIER, MORGAN J			HIC	M0648080501	ACNT	6193LMD642			ICN	E18281912100	ASG Y	MOA	
1013940584	0505	050525	11	1	99213	25		146.00	41.68	0.00	0.00	CO-B10	104.32	0.00
							REM: M80 N1					CO-24	21.68	
												PR-3	20.00	
1013940584	0505	050525	11	1	G0447	XU		65.00	39.31	0.00	0.00	CO-45	25.69	39.31
1013940584	0505	050525	11	1	99401	25		65.00	0.00	0.00	0.00	CO-B14	65.00	0.00
							REM: N1							
1013940584	0505	050525	11	1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0505	050525	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0505	050525	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0505	050525	11	1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0505	050525	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0505	050525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0505	050525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0505	050525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0505	050525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0505	050525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0505	050525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	20.00						CLAIM TOTALS	276.00	80.99	0.00	0.00		236.69	39.31
ADJ TO TOTAL: PREV PD							INTEREST	0.00				0.00	NET	39.31
STATUS CODE 1: Processed as Primary														

NAME	PARMER, IRVIN R			HIC	92251610401	ACNT	6217LMD642			ICN	E18287640700	ASG Y	MOA	
1306898036	0506	050625	11	1	99213			146.00	83.35	0.00	0.00	CO-45	62.65	41.68
												PR-3	41.67	
1306898036	0506	050625	11	1	G8420			0.00	0.00	0.00	0.00			0.00
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	41.67						CLAIM TOTALS	146.00	83.35	0.00	0.00		104.32	41.68
ADJ TO TOTAL: PREV PD							INTEREST	0.00				0.00	NET	41.68
STATUS CODE 1: Processed as Primary														

PROVIDER ADJ DETAILS:	PLB	REASON	CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Overpayment Recovery (WO)				E17635176201		-58.96
Overpayment Recovery (WO)				E17635176201		58.96

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	5	737.78	608.75	0.00	0.00	687.63	50.15	0.00	50.15

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

CO-16	Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.
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-236	This procedure or procedure / modifier combination is not compatible with another procedure or procedure / modifier combination provided on the same day according to the National Correct Coding Initiative.
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-97	Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
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.
M119	Missing / incomplete / invalid/ deactivated / withdrawn National Drug Code (NDC).
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-3	Co-payment Amount

