

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: 2025-04-28  
NONPAY #: NO-PAY-202504280011144  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	AUGUST, MABEL E				HIC H70471467	ACNT 5663LMD642				ICN 820251140629831	ASG Y MOA	
1013940584	0402	040225	11	1	99214		219.00	0.00	0.00	0.00	CO-16	219.00
						REM: M76						
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	G2211		25.00	0.00	0.00	0.00	CO-16	25.00
						REM: M76						
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	G9899		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	1000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	1160F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
PT RESP	0.00				CLAIM	TOTALS	244.00	0.00	0.00	0.00		244.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00		LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: MEDICARE ADVANTAGE PPO												
STATUS CODE 1: Processed as Primary												

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	244.00	0.00	0.00	0.00	244.00	0.00	0.00	0.00

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.  
M76 Missing / incomplete / invalid diagnosis or condition.

