TIMOTHY J. TOBOLIC, MD, PLLC 7740 BYRON CENTER AVE SW STE 202 BYRON CENTER, MI 493156929

NPI #: 1982923660 PAGE #: 1 of 1 DATE: 2025-04-08 NONPAY #: 393499007 TAX ID #: 272620668

REND PR	OV SEF	V DATE	POS	NOS	PROC	MODS	BIL	LED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT		PROV PD
NAME HA	RSHMAN,	HAROLD	M	HIC	3J70PW	1JG31	ACNT 559	3LMD64	12	ICN 1	8250936044	82 ASG Y	MOA	MA15
1306898	3036 032	8 032825	5 11	1 :	3077F			0.00	0.00	0.00	0.00			0.00
						REM: NS	517 MA130							
1306898	3036 032	8 032825	5 11	1 :	3078F			0.00	0.00	0.00	0.00			0.00
						REM: N	517 MA130							
PT RESP	· (	.00		(	CLAIM T	OTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST			0.00	LATE	FILING CHARGE		0.00	NET	0.00
STATUS	CODE 1:	Process	sed as	Pri	mary									
TOTALS:	# 0	)F E	BILLED	)	ALLOW	ED	DEDUCT		COINS	TOTAL	PROV P	D PR	ov	CHECK
	CLAI	MS	AMT		AMT		AMT		AMT	RC-AMT	AMT	ADJ	AMT	AMT
		1	0.0	0	0	.00	0.00		0.00	0.0	0.0	00 0	.00	0.00

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

MA130 Your claim contains incomplete and / or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete / correct information. Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the

MA15

other services reported.
Resubmit a new claim with the requested information. N517