

MERIDIAN HEALTH PLAN OF MICHIGAN, INC. []
P.O. BOX 31370
TAMPA, FL 33631
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC
7740 BYRON CENTER AVE
STE 202
BYRON CENTER, MI 49315

NPI #: 1013940584
PAGE #: 1 of 1
DATE: 2025-07-29
EFT #: 713115126
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	KRENZ, DEBORAH		HIC	44098632	ACNT	7434LMD642			ICN	3191819265	ASG Y	MOA
1306898036	0714	071425	1	G0439			361.00	127.94	0.00	0.00	CO-45	233.06
											PI-253	2.56
1306898036	0714	071425	1	99497	33		132.00	81.54	0.00	0.00	CO-45	50.46
											PI-253	1.63
1306898036	0714	071425	1	99397	25		341.00	130.20	0.00	0.00	CO-45	210.80
											PI-253	2.60
1306898036	0714	071425	1	G2211			25.00	16.02	0.00	0.00	CO-B15	25.00
1306898036	0714	071425	1	G0136	33		65.00	18.27	0.00	0.00	CO-45	46.73
											PI-253	0.37
1306898036	0714	071425	1	G0444	XU		91.00	17.03	0.00	0.00	CO-45	73.97
											PI-253	0.34
1306898036	0714	071425	1	G0442	XU		43.00	17.03	0.00	0.00	CO-45	25.97
											PI-253	0.34
1306898036	0714	071425	1	G0556			29.48	15.48	0.00	0.00	CO-45	14.00
											PI-253	0.31
1306898036	0714	071425	1	36415			20.00	9.54	0.00	0.00	CO-45	10.46
											PI-253	0.19
1306898036	0714	071425	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0714	071425	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0714	071425	1	G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0714	071425	1	1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0714	071425	1	1158F			0.00	0.00	0.00	0.00		0.00
1306898036	0714	071425	1	1160F			0.00	0.00	0.00	0.00		0.00
1306898036	0714	071425	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0714	071425	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0714	071425	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0714	071425	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0714	071425	1	2010F			0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM TOTALS		1107.48	433.05	0.00	0.00		698.79
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1:	Processed as Primary											
ADJ TO TOTAL: PREV PD												408.69

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	10.09

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	1107.48	433.05	0.00	0.00	698.79	398.60	10.09	398.60

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-B15 Payment adjusted because this service / procedure requires that a qualifying service / procedure be received and covered. The qualifying other service / procedure has not been received / adjudicated.
PI-253 Sequestration - reduction in federal spending

