TOBOLIC, TIMOTHY J [355706410] 7740 BYRON CENTER AVE SW STE 202

BYRON CENTER, MI 493156929

NPI #: 1982923660

PAGE #: 1 of 1

DATE: 2025-06-25

NONPAY #: 925176000073833

TAX ID #: 272620668

REND PROV	/ SERV DATE	POS NO	S PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	•	PROV PD
NAME ROT	TMAN, JASON P	Н	IC W276922	2384 ACNT	6904LMD6	42	ICN EY	PDMDKLX00	00 ASG Y	MOA	
198292366	50 0610 06102	5 11	1 99214		219.00	162.60	162.60	0.00	CO-45	56.40	0.00
198292366	50 0610 06102	5 11	1 3078F		0.00	0.00	0.00	0.00			0.00
198292366	50 0610 06102	5 11	1 3074F		0.00	0.00	0.00	0.00			0.00
PT RESP	162.60		CLAIM TO	OTALS	219.00	162.60	162.60	0.00		56.40	0.00
ADJ TO TO	TAL: PREV PD			INTEREST	0.00	LATE	FILING C	HARGE	0.00	NET	0.00
PLAN TYPE: AETNA CHOICE POS II NET 11244											
STATUS CODE 1: Processed as Primary											
TOTALS:		BILLED	ALLOWE			COINS	TOTAL	PROV P			CHECK
	CLAIMS	AMT	AMT	AM	_	AMT	RC-AMT	AMT		AMT	AMT
	1	219.00	162.	.60 16	2.60	0.00	56.40	0.	00 0	.00	0.00

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

PR-1 Deductible Amount