

OMAHA SUPPLEMENTAL INSURANCE COMPANY []
 3300 MUTUAL OF OMAHA PLZ
 OMAHA, NE 681751004
 (000)000-0000

REMITTANCE
 ADVICE

TIMOTHY J TOBOLIC MD PL [0006598733]
 STE 202
 7740 BYRON CENTER AVE
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-08-07
 EFT #: 718704586
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	ROOKUS, TIMOTHY J				HIC 85655296L	ACNT 7335LMD642				ICN 586338501400-004/BC	ASG Y MOA	
1013940584	0709	070925	11	1	99214 25		219.00	103.29	98.90	0.00	OA-23 115.71	4.39
					REM: N536							
1013940584	0709	070925	11	1	G0447 XU		65.00	0.00	0.00	0.00	OA-23 65.00	0.00
1013940584	0709	070925	11	1	99401 25		65.00	65.00	0.00	0.00	PR-96 65.00	0.00
					REM: N174							
1013940584	0709	070925	11	1	G0446 XU		65.00	0.00	0.00	0.00	OA-23 65.00	0.00
1013940584	0709	070925	11	1	G2211		25.00	3.05	0.00	0.00	OA-23 21.95	3.05
PT RESP	163.90				CLAIM TOTALS		439.00	171.34	98.90	0.00	332.66	7.44
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00 NET	7.44
STATUS CODE 2: Processed as Secondary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	0.18

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	439.00	171.34	98.90	0.00	332.66	7.26	0.18	7.26

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

N174 This is not a covered service / procedure/ equipment / bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'.

N536 We are not changing the prior payer's determination of patient responsibility, which you may collect, as this service is not covered by us.

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

PR-1 Deductible Amount

PR-96 Non-covered charge(s).

