

UNITEDHEALTHCARE []
 UNITEDHEALTHCARE SHARED SERVICES PO BOX 30783
 SALT LAKE CITY, UT 841300783
 (866)596-8447

REMITTANCE
 ADVICE

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

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-04-22
 NONPAY #: UH4870000026415154144779
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CRISHER, KRISTIN			HIC	771900751474	ACNT	2986LMD642		ICN	25051203927	ASG Y	MOA
1013940584	0917	091724	11	99396		327.00	0.00	0.00	0.00	OA-18	327.00
					REM: N111						0.00
1013940584	0917	091724	11	99213	25	146.00	0.00	0.00	0.00	OA-18	146.00
					REM: N111						0.00
1013940584	0917	091724	11	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0917	091724	11	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0917	091724	11	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0917	091724	11	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0917	091724	11	1036F		0.00	0.00	0.00	0.00		0.00
1013940584	0917	091724	11	90656		35.00	0.00	0.00	0.00	OA-18	35.00
					REM: N111						0.00
1013940584	0917	091724	11	90471		41.00	0.00	0.00	0.00	OA-18	41.00
					REM: N111						0.00
PT RESP		0.00		CLAIM	TOTALS	549.00	0.00	0.00	0.00		549.00
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary											0.00
TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK		
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT		
	1	549.00	0.00	0.00	0.00	549.00	0.00	0.00	0.00		

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

N111 No appeal right except duplicate claim / service issue. This service was included in a claim that has been previously billed and adjudicated.
 OA-18 Duplicate claim / service.

