מת זוסמת

TIMOTHY J TOBOLIC MD PLLC [900068405]

DEND DOOK GERY DATE DOC NOC DOOK MODE

7740 BYRON CENTER AVE SW

BYRON CENTER, MI 49315

NPI #: 1982923660 PAGE #: 1 of 1

DATE: 2025-07-24 EFT #: 25194B1000332086

TAX ID #: 272620668

COTNC CDD /DC AME

REND PRO	OV SERV D	DATE PO	s Nos	PROC	MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PD
NAME BUI, ROYAL				C 94861	349800	ACNT	7347LMD6	42	ICN 4	5514601560	00 ASG	Y MOA	
13068980	36 0709 0	70925	1	99395	25		297.00	162.24	0.00	0.00	CO-45	134.76	162.24
130689803	36 0709 0	70925	1	G2211 36415 81003			25.00 20.00 33.60	0.00 15.22 0.00	0.00 0.00 0.00	0.00 0.00 0.00	CO-97	25.00 4.78 33.60	0.00 15.22 0.00
	36 0709 0	70925									CO-45		
	36 0709 0	70925									CO-16		
					REM: M	76							
13068980	36 0709 0	70925	1	G0136	33		65.00	27.10	0.00	0.00	CO-45	37.90	27.10
13068980	36 0709 0	70925	2	96127	XU		80.00	18.85	0.00	0.00	CO-45	61.15	18.85
130689803 130689803 130689803 130689803	36 0709 0	70925	1	G8510			0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.00			0.00
	36 0709 0	070925 070925	1	0513F			0.00			0.00			0.00
	36 0709 0		1	G8417			0.00			0.00			0.00 0.00 0.00
	36 0709 0		1	3075F			0.00			0.00			
	36 0709 0		1	3079F			0.00			0.00			
13068980	36 0709 0	70925	1	G9621			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00	)		CLAIM	TOTALS		520.60	223.41	0.00	0.00		297.19	223.41
ADJ TO TOTAL: PREV PD					INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	223.41
STATUS C	ODE 1: Pr	cocessed	as Pr	imary									
TOTALS:	# OF	BILI	ED	ALLO	WED	DED	JCT	COINS	TOTAL	PROV P	ספ	PROV	CHECK
	CLAIMS	AMT	:	AM	T	AM'	Г	AMT	RC-AMT	AMT	Z	ADJ AMT	AMT
	1	520	.60	22	3.41	(	0.00	0.00	297.1	.9 223.	41	0.00	223.41

ALLOWED DEDUCE

DILLED

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

Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

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

Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
Missing / incomplete / invalid diagnosis or condition. CO-97

M76