

UMR []
 115 W Wausau Ave
 Wausau, WI 54401
 (000)000-0000

REMITTANCE
 ADVICE

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

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-06-26
 EFT #: 693447088
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HEYS, MICHELLE			HIC 21920784		ACNT 6794LMD642			ICN 25158241607	ASG Y MOA	
1013940584	0604 060425 11		99214 25		219.00	110.62	0.00	27.65	CO-45 108.38	82.97
1013940584	0604 060425 11		G0446 XU		65.00	28.27	0.00	0.00	CO-45 36.73	28.27
1013940584	0604 060425 11		3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0604 060425 11		2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0604 060425 11		2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0604 060425 11		1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0604 060425 11		1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0604 060425 11		1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	27.65		CLAIM TOTALS		284.00	138.89	0.00	27.65	145.11	111.24
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00 NET	111.24
STATUS CODE 1: Processed as Primary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	2.75

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	284.00	138.89	0.00	27.65	145.11	108.49	2.75	108.49

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-2 Coinsurance Amount

