

UNITEDHEALTHCARE COMMUNITY PLAN INC []
MICHIGAN
KINGSTON, NY 124025280
(888)478-4760

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD
7740 BYRON CENTER AVE SW STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-02-28
NONPAY #: 25057B1000643193
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SOTTOVIA, STEVEN T			HIC 127311730	ACNT 4882LMD642					ICN RA3948017600	ASG Y	MOA N30
INSURED NAME: SOTTOVIA, STEVE T											
1306898036	0219	021925	11	1 G0439		361.00	0.00	0.00	0.00	PR-27	361.00 0.00
			(M1)		REM: N30						
1306898036	0219	021925	11	1 99396	25	327.00	0.00	0.00	0.00	PR-27	327.00 0.00
			(M2)		REM: N30						
1306898036	0219	021925	11	1 99497	33	132.00	0.00	0.00	0.00	PR-27	132.00 0.00
			(M3)		REM: N30						
1306898036	0219	021925	11	1 99406		27.06	0.00	0.00	0.00	PR-27	27.06 0.00
			(M4)		REM: N30						
1306898036	0219	021925	11	1 36415		20.00	0.00	0.00	0.00	PR-27	20.00 0.00
			(M5)		REM: N30						
1306898036	0219	021925	11	1 G2211		25.00	0.00	0.00	0.00	PR-27	25.00 0.00
			(M6)		REM: N30						
1306898036	0219	021925	11	1 G0442	XU	30.00	0.00	0.00	0.00	PR-27	30.00 0.00
			(M7)		REM: N30						
1306898036	0219	021925	11	1 G0444	XU 33	29.45	0.00	0.00	0.00	PR-27	29.45 0.00
			(M8)		REM: N30						
1306898036	0219	021925	11	1 90715		87.00	0.00	0.00	0.00	PR-27	87.00 0.00
			(M9)		REM: N30						
1306898036	0219	021925	11	1 90471		41.00	0.00	0.00	0.00	PR-27	41.00 0.00
			(M10)		REM: N30						
1306898036	0219	021925	11	1 3074F		0.00	0.00	0.00	0.00		0.00
			(M11)		REM: N30						
1306898036	0219	021925	11	1 3078F		0.00	0.00	0.00	0.00		0.00
			(M12)		REM: N30						
1306898036	0219	021925	11	1 G9622		0.00	0.00	0.00	0.00		0.00
			(M13)		REM: N30						
1306898036	0219	021925	11	1 G8510		0.00	0.00	0.00	0.00		0.00
			(M14)		REM: N30						
PT RESP	1079.51			CLAIM TOTALS		1079.51	0.00	0.00	0.00	1079.51	0.00
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
PLAN TYPE: UHC SILVER ADVANTAGE											
STATUS CODE 1: Processed as Primary											

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	1079.51	0.00	0.00	0.00	1079.51	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
N30 Patient ineligible for this service.
PR-27 Expenses incurred after coverage terminated.

