

AETNA []
151 FARMINGTON AVENUE
HARTFORD, CT 06156
(000)000-0000

REMITTANCE
ADVICE

TOBOLIC, TIMOTHY J [355706410]
7740 BYRON CENTER AVE SW STE 202

BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-06-16
EFT #: 825162000262411
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HAIGHT, KELLY L		HIC W22387982903 ACNT 6795LMD642			ICN EBY2N1PHH0000		ASG Y	MOA MA15		
1982923660	0604 060425 11	1 99214			219.00	162.60	162.60	0.00	CO-45	56.40 0.00
1982923660	0604 060425 11	1 3008F			0.00	0.00	0.00	0.00		0.00
1982923660	0604 060425 11	1 2001F			0.00	0.00	0.00	0.00		0.00
1982923660	0604 060425 11	1 2000F			0.00	0.00	0.00	0.00		0.00
1982923660	0604 060425 11	1 1160F			0.00	0.00	0.00	0.00		0.00
1982923660	0604 060425 11	1 1159F			0.00	0.00	0.00	0.00		0.00
PT RESP	162.60	CLAIM TOTALS			219.00	162.60	162.60	0.00		56.40 0.00
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE	0.00	NET	0.00
PLAN TYPE: AETNA CHOICE POS II NET 04633										
STATUS CODE 1: Processed as Primary										

NAME HAIGHT, KELLY L		HIC W22387982903 ACNT 6795LMD642			ICN EBY2N1PHH0001		ASG Y	MOA MA15		
1982923660	0604 060425 11	1 1000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS			0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE	0.00	NET	0.00
PLAN TYPE: AETNA CHOICE POS II NET 04633										
STATUS CODE 1: Processed as Primary										

NAME BULTMAN, CHRISTOPHER A		HIC W256211676 ACNT 6601LMD642			ICN E2FDL190N0001		ASG Y	MOA MA15		
1982923660	0521 052125 11	1 1159F			0.00	0.00	0.00	0.00		0.00
1982923660	0521 052125 11	1 1000F			0.00	0.00	0.00	0.00		0.00
1982923660	0521 052125 11	1 G0447 XU			65.00	39.73	0.00	0.00	CO-45	25.27 39.73
PT RESP	0.00	CLAIM TOTALS			65.00	39.73	0.00	0.00		25.27 39.73
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE	0.00	NET	39.73
PLAN TYPE: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633										
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
	3	284.00	202.33	162.60	0.00	81.67	39.73	0.00	39.73

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
PR-1 Deductible Amount

