

AMBETTER []  
 7700 FORSYTH  
 ST LOUIS, MO 63105  
 (800)225-2573

REMITTANCE  
 ADVICE

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

NPI #: 1982923660  
 PAGE #: 1 of 1  
 DATE: 2025-07-18  
 EFT #: 707783891  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KEENA, SOPHIA			HIC UZ122465801		ACNT 7255LMD642	ICN Y190MPEH8569			ASG Y	MOA	
INSURED NAME: KEENA, SCOTT											
1013940584	0702	070225	1	99393	25	270.00	97.23	0.00	0.00	CO-45	97.23
1013940584	0702	070225	1	G0136	33	34.80	17.40	0.00	4.35	CO-45	13.05
1013940584	0702	070225	1	99401		65.00	0.00	0.00	0.00	CO-234	0.00
REM: M15											
1013940584	0702	070225	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0702	070225	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	4.35			CLAIM TOTALS		369.80	114.63	0.00	4.35		110.28
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	110.28
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	2.72

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	369.80	114.63	0.00	4.35	255.17	107.56	2.72	107.56

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
 CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.  
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
 M15 Separately billed services / tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.  
 PR-2 Coinsurance Amount

