

AETNA []
1021 REAMS FLEMING BLVD
FRANKLIN, TN 37064
(000)000-0000

REMITTANCE
ADVICE

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

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-08-14
EFT #: 722340533
TAX ID #: 272620668

| REND PROV | SERV DATE | POS NOS | PROC | MODS | BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AMT | PROV PD |
|---------------------------------------|-------------|---------|----------------|-----------------|--------|---------|--------------------|-------|--------------|--------------|
| NAME HANSEN, DEBRA | | | HIC ACC6755034 | ACNT 7472LMD642 | | | ICN 289361238 | | ASG Y MOA | |
| | 0708 070825 | 1 | 99215 25 | | 295.00 | 33.97 | 0.00 | 0.00 | OA-23 261.03 | 13.97 |
| | | | | | | | | | PR-3 20.00 | |
| | 0708 070825 | 1 | 93000 | | 71.00 | 2.67 | 0.00 | 0.00 | OA-23 68.33 | 2.67 |
| | 0708 070825 | 1 | G2211 | | 25.00 | 0.00 | 0.00 | 0.00 | CO-276 25.00 | 0.00 |
| | 0708 070825 | 1 | 81003 | | 33.60 | 0.00 | 0.00 | 0.00 | CO-276 33.60 | 0.00 |
| | 0708 070825 | 1 | 36415 | | 20.00 | 0.00 | 0.00 | 0.00 | OA-23 20.00 | 0.00 |
| PT RESP | 20.00 | | CLAIM TOTALS | | 444.60 | 36.64 | 0.00 | 0.00 | | 427.96 16.64 |
| ADJ TO TOTAL: PREV PD | | | INTEREST | | 0.00 | | LATE FILING CHARGE | | 0.00 NET | 16.64 |
| STATUS CODE 2: Processed as Secondary | | | | | | | | | | |

| | | | | |
|-----------------------|-----------------|----------------------|-----------------|--------|
| PROVIDER ADJ DETAILS: | PLB REASON CODE | FCN/OTHER IDENTIFIER | HIC | AMOUNT |
| | Adjustment (CS) | ZELIS | TRANSACTION FEE | 0.41 |

| TOTALS: | # OF CLAIMS | BILLED AMT | ALLOWED AMT | DEDUCT AMT | COINS AMT | TOTAL RC-AMT | PROV PD AMT | PROV ADJ AMT | CHECK AMT |
|---------|-------------|------------|-------------|------------|-----------|--------------|-------------|--------------|-----------|
| | 1 | 444.60 | 36.64 | 0.00 | 0.00 | 427.96 | 16.23 | 0.41 | 16.23 |

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-276 Services denied by the prior payer(s) are not covered by this payer.
OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments
PR-3 Co-payment Amount

