

ASR Health Benefits []
 PO Box 6392
 Grand Rapids, MI 49516
 (000)000-0000

REMITTANCE
 ADVICE

TIMOTHY TOBOLIC MD PLLC
 SUITE 202
 7740 BYRON CENTER AVENUE
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-07-31
 EFT #: 712731899
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	LEWIS, KIRSTEN				HIC P0476683		ACNT 6513LMD642			ICN 6373978101	ASG Y MOA	
	0519	051925	11	1	99213	25	146.00	0.00	0.00	0.00	CO-109	146.00 0.00
	0519	051925	11	1	G0447	XU	65.00	29.27	29.27	0.00	CO-45	35.73 0.00
	0519	051925	11	1	99401	25	65.00	32.16	0.00	0.00	CO-45	32.84 32.16
	0519	051925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
	0519	051925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
	0519	051925	11	1	1036F		0.00	0.00	0.00	0.00		0.00
	0519	051925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
	0519	051925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
	0519	051925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
	0519	051925	11	1	1000F		0.00	0.00	0.00	0.00		0.00
	0519	051925	11	1	1159F		0.00	0.00	0.00	0.00		0.00
	0519	051925	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	29.27				CLAIM TOTALS		276.00	61.43	29.27	0.00		214.57 32.16
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 32.16
PLAN TYPE:	VAL											
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	0.79

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	276.00	61.43	29.27	0.00	214.57	31.37	0.79	31.37

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-109 Claim not covered by this payer / contractor. You must send the claim to the correct payer / contractor.
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-1 Deductible Amount

