

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: 2025-03-13
 EFT #: 634803496
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KITLER, DEBORAH			HIC P0422529	ACNT 4904LMD642			ICN 6311867901		ASG Y MOA	
	0220 022025 11	1 99496 25			446.00	301.33	0.00	0.00	CO-45 144.67	281.33
									PR-3 20.00	
	0220 022025 11	1 36415			20.00	4.30	0.00	0.00	CO-45 15.70	4.30
	0220 022025 11	1 1111F			0.00	0.00	0.00	0.00		0.00
	0220 022025 11	1 3008F			0.00	0.00	0.00	0.00		0.00
	0220 022025 11	1 2001F			0.00	0.00	0.00	0.00		0.00
	0220 022025 11	1 2000F			0.00	0.00	0.00	0.00		0.00
	0220 022025 11	1 1000F			0.00	0.00	0.00	0.00		0.00
	0220 022025 11	1 1159F			0.00	0.00	0.00	0.00		0.00
	0220 022025 11	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	20.00		CLAIM TOTALS		466.00	305.63	0.00	0.00		285.63
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00 NET	285.63
PLAN TYPE: AS1										
STATUS CODE 1: Processed as Primary										

NAME KITLER, DEBORAH			HIC P0422529	ACNT 4903LMD642			ICN 6311957101		ASG Y MOA	
	0219 021925 11	1 99496			40.00	40.00	0.00	0.00	PR-3 20.00	20.00
PT RESP	20.00		CLAIM TOTALS		40.00	40.00	0.00	0.00		20.00
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00 NET	20.00
PLAN TYPE: AS1										
STATUS CODE 1: Processed as Primary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	7.55

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	506.00	345.63	0.00	0.00	200.37	298.08	7.55	298.08

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-3 Co-payment Amount

