

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: 2025-03-26  
 EFT #: 641504352  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME RICHARDS, MELISSA			HIC P0469043		ACNT 5177LMD642		ICN 6322475201			ASG Y MOA		
INSURED NAME: RICHARDS, JEFFREY												
	0310	031025	11	1	99396	25	327.00	153.16	0.00	0.00	CO-45	153.16
	0310	031025	11	1	36415		20.00	4.30	0.00	0.00	CO-45	4.30
	0310	031025	11	1	99401	XU	60.00	47.38	0.00	0.00	CO-45	47.38
	0310	031025	11	1	G0442	XU	30.00	25.91	0.00	0.00	CO-45	0.00
											PR-3	25.91
	0310	031025	11	1	G0444	XU	29.45	25.91	0.00	0.00	CO-45	25.91
	0310	031025	11	1	G0447	XU	61.88	37.09	0.00	0.00	CO-45	37.09
	0310	031025	11	1	3074F		0.00	0.00	0.00	0.00		0.00
	0310	031025	11	1	3080F		0.00	0.00	0.00	0.00		0.00
	0310	031025	11	1	G8510		0.00	0.00	0.00	0.00		0.00
	0310	031025	11	1	G9621		0.00	0.00	0.00	0.00		0.00
PT RESP	25.91		CLAIM TOTALS				528.33	293.75	0.00	0.00		260.49
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	267.84
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	6.62

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	528.33	293.75	0.00	0.00	260.49	261.22	6.62	261.22

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

