

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: 2025-04-21
EFT #: 655770317
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD		
NAME WERNER, ELIZABETH			HIC P0467618			ACNT	5661LMD642			ICN	6337308501		ASG Y	MOA
INSURED NAME: WERNER, ROBERT														
	0404	040425	11	1	99396	25	327.00	153.16	0.00	0.00	CO-45	173.84	153.16	
	0404	040425	11	1	36415		20.00	4.30	0.00	0.00	CO-45	15.70	4.30	
	0404	040425	11	1	G0136	33	34.80	26.10	0.00	0.00	CO-45	8.70	26.10	
	0404	040425	11	1	G2211		25.00	0.00	0.00	0.00	CO-45	25.00	0.00	
	0404	040425	11	1	96127	XU	40.00	7.63	0.00	0.00	CO-45	32.37	7.63	
	0404	040425	11	1	96160	XU	5.30	3.35	0.00	0.00	CO-45	1.95	3.35	
	0404	040425	11	1	3074F		0.00	0.00	0.00	0.00			0.00	
	0404	040425	11	1	3078F		0.00	0.00	0.00	0.00			0.00	
	0404	040425	11	1	G9622		0.00	0.00	0.00	0.00			0.00	
	0404	040425	11	1	G8510		0.00	0.00	0.00	0.00			0.00	
	0404	040425	11	1	4004F		0.00	0.00	0.00	0.00			0.00	
PT RESP	0.00		CLAIM TOTALS				452.10	194.54	0.00	0.00		257.56	194.54	
ADJ TO TOTAL: PREV PD			INTEREST				0.00	LATE FILING CHARGE			0.00	NET	194.54	
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	4.81

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	452.10	194.54	0.00	0.00	257.56	189.73	4.81	189.73

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

