

AETNA []
 151 FARMINGTON AVENUE
 HARTFORD, CT 06156
 (000)000-0000

REMITTANCE
 ADVICE

TOBOLIC, TIMOTHY J [355706410]
 7740 BYRON CENTER AVE SW STE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-06-17
 EFT #: 882516201030799
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	SOTTOVIA, JULIE L				HIC 101945058500	ACNT 6833LMD642				ICN E8PDL7LNR0000	ASG Y MOA	
1306898036	0606	060625	11	1	99214	25	219.00	120.84	0.00	60.42	CO-253	1.21
						REM: N669					CO-45	98.16
1306898036	0606	060625	11	1	93000		71.00	13.33	0.00	6.66	CO-253	0.13
						REM: N669					CO-45	57.67
1306898036	0606	060625	11	1	G2211		25.00	15.26	0.00	7.63	CO-253	0.15
						REM: N669					CO-45	9.74
1306898036	0606	060625	11	1	36415		20.00	9.09	0.00	0.00	CO-253	0.18
						REM: N669					CO-45	10.91
1306898036	0606	060625	11	1	3075F		0.00	0.00	0.00	0.00		
						REM: N620						
1306898036	0606	060625	11	1	3078F		0.00	0.00	0.00	0.00		
						REM: N620						
1306898036	0606	060625	11	1	4004F		0.00	0.00	0.00	0.00		
						REM: N620						
1306898036	0606	060625	11	1	1160F		0.00	0.00	0.00	0.00		
						REM: N620						
1306898036	0606	060625	11	1	2000F		0.00	0.00	0.00	0.00		
						REM: N620						
1306898036	0606	060625	11	1	1159F		0.00	0.00	0.00	0.00		
						REM: N620						
1306898036	0606	060625	11	1	2001F		0.00	0.00	0.00	0.00		
						REM: N620						
1306898036	0606	060625	11	1	3008F		0.00	0.00	0.00	0.00		
						REM: N620						
1306898036	0606	060625	11	1	2010F		0.00	0.00	0.00	0.00		
						REM: N620						
PT RESP	74.71				CLAIM TOTALS		335.00	158.52	0.00	74.71		178.15
ADJ TO TOTAL: PREV PD					INTEREST		0.00					82.14
PLAN TYPE: PPO - MEDICARE (AETNA)												
STATUS CODE 1: Processed as Primary												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	335.00	158.52	0.00	74.71	178.15	82.14	0.00	82.14

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-253 Sequestration - reduction in federal spending
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N620 Alert: This procedure code is for quality reporting / informational purposes only.
 N669 Adjusted based on the Medicare fee schedule.
 PR-2 Coinsurance Amount

