

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: 2025-07-25
 EFT #: 709776048
 TAX ID #: 272620668

| REND | PROV | SERV DATE | POS | NOS | PROC | MODS | BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AMT | PROV PD |
|-------------------------------------|-----------------|-----------|-----|-----|--------------|------|------------|---------|--------------------|------------|------------|---------|
| NAME | BALTUTAT, TERRY | | | | HIC P0223682 | ACNT | 7197LMD642 | | ICN | 6371510501 | ASG Y | MOA |
| | 0627 | 062725 | 11 | 1 | 99396 | | 327.00 | 153.16 | 0.00 | 0.00 | CO-45 | 173.84 |
| | 0627 | 062725 | 11 | 1 | 99213 25 | | 219.00 | 89.35 | 0.00 | 0.00 | CO-45 | 129.65 |
| | | | | | | | | | | | PR-3 | 30.00 |
| | 0627 | 062725 | 11 | 1 | G0136 33 | | 34.80 | 26.10 | 0.00 | 0.00 | CO-45 | 8.70 |
| | 0627 | 062725 | 11 | 1 | 36415 | | 20.00 | 4.30 | 4.30 | 0.00 | CO-45 | 15.70 |
| | 0627 | 062725 | 11 | 1 | 82570 QW | | 17.85 | 8.88 | 8.88 | 0.00 | CO-45 | 8.97 |
| | 0627 | 062725 | 11 | 1 | 82043 QW | | 14.70 | 10.74 | 10.74 | 0.00 | CO-45 | 3.96 |
| | 0627 | 062725 | 11 | 1 | 96127 XU | | 40.00 | 7.63 | 0.00 | 0.00 | CO-45 | 32.37 |
| | 0627 | 062725 | 11 | 1 | 96127 XU | | 40.00 | 7.63 | 0.00 | 0.00 | CO-45 | 32.37 |
| | 0627 | 062725 | 11 | 1 | G0446 XU | | 61.88 | 37.09 | 0.00 | 0.00 | CO-45 | 24.79 |
| | 0627 | 062725 | 11 | 1 | G0447 XU | | 65.00 | 37.09 | 37.09 | 0.00 | CO-45 | 27.91 |
| | 0627 | 062725 | 11 | 1 | G9622 | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | 0627 | 062725 | 11 | 1 | G8510 | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | 0627 | 062725 | 11 | 1 | 0513F | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | 0627 | 062725 | 11 | 1 | G8427 | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | 0627 | 062725 | 11 | 1 | 1036F | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | 0627 | 062725 | 11 | 1 | 3061F | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| PT RESP | 91.01 | | | | CLAIM TOTALS | | 840.23 | 381.97 | 61.01 | 0.00 | | 488.26 |
| ADJ TO TOTAL: PREV PD | | | | | INTEREST | | 0.00 | | LATE FILING CHARGE | | 0.00 | NET |
| PLAN TYPE: AS1 | | | | | | | | | | | | 290.96 |
| STATUS CODE 1: Processed as Primary | | | | | | | | | | | | |

| PROVIDER ADJ DETAILS: | PLB REASON CODE | FCN/OTHER IDENTIFIER | HIC | AMOUNT |
|-----------------------|-----------------|----------------------|-----------------|--------|
| Adjustment (CS) | ZELIS | | TRANSACTION FEE | 7.19 |

| TOTALS: | # OF CLAIMS | BILLED AMT | ALLOWED AMT | DEDUCT AMT | COINS AMT | TOTAL RC-AMT | PROV PD AMT | PROV ADJ AMT | CHECK AMT |
|---------|-------------|------------|-------------|------------|-----------|--------------|-------------|--------------|-----------|
| | 1 | 840.23 | 381.97 | 61.01 | 0.00 | 488.26 | 283.77 | 7.19 | 283.77 |

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-1 Deductible Amount
 PR-3 Co-payment Amount

