

Cigna Supplemental Benefits []
P.O. BOX 5710
Scranton, PA 18505
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC
7740 BYRON CENTER AVE SW

BYRON CENTER, MI 49315

NPI #: 1013940584
PAGE #: 1 of 1
DATE: 2025-05-08
EFT #: 667114646
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ROBINSON, KAREN J		HIC 80Y0272107	ACNT 5802LMD642					ICN C14525041831	ASG Y MOA	
272620668	0411 041125	1 99213			146.00	17.13	0.00	0.00	OA-253 1.37	17.13
	(11)								OA-23 127.50	
272620668	0411 041125	1 G2211			25.00	3.05	0.00	0.00	OA-253 0.24	3.05
	(11)								OA-23 21.71	
PT RESP	0.00		CLAIM TOTALS		171.00	20.18	0.00	0.00	150.82	20.18
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00 NET	20.18
STATUS CODE 2: Processed as Secondary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	0.50

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	171.00	20.18	0.00	0.00	150.82	19.68	0.50	19.68

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments
OA-253 Sequestration - reduction in federal spending

