

OMAHA INSURANCE COMPANY []
 3300 MUTUAL OF OMAHA PLZ
 OMAHA, NE 681751004
 (000)000-0000

REMITTANCE
 ADVICE

TIMOTHY J TOBOLIC MD PL [0006598733]
 STE 202
 7740 BYRON CENTER AVE
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-07-14
 NONPAY #: 202507150002235402880
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	STILEN, MARGIE				HIC 43890997F	ACNT 5286LMD642				ICN 586395041500-002/BC	ASG Y MOA	
1013940584	0314	031425	11	1	99213 25		171.26	85.63	85.63	0.00	OA-23	85.63 0.00
					REM: N536							
1013940584	0314	031425	11	1	G2211		25.00	25.00	0.00	0.00	PR-96	25.00 0.00
					REM: N174							
1013940584	0314	031425	11	1	81003		43.05	43.05	0.00	0.00	PR-96	43.05 0.00
					REM: N174							
1013940584	0314	031425	11	1	82043 QW		14.70	0.00	0.00	0.00	OA-23	14.70 0.00
1013940584	0314	031425	11	1	82570 QW		17.85	0.00	0.00	0.00	OA-23	17.85 0.00
PT RESP	153.68				CLAIM TOTALS		271.86	153.68	85.63	0.00		186.23 0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 2: Processed as Secondary												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	271.86	153.68	85.63	0.00	186.23	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

N174 This is not a covered service / procedure/ equipment / bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'.

N536 We are not changing the prior payer's determination of patient responsibility, which you may collect, as this service is not covered by us.

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

PR-1 Deductible Amount

PR-96 Non-covered charge(s).

