

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES []  
P.O. BOX 30479  
LANSING, MI 48909

REMITTANCE  
ADVICE

TIMOTHY TOBOLIC, MD, PLLC [CV0012104]  
7740 BYRON CENTER AVE SW

TAX ID #: 272620668  
PAGE #: 1 of 1  
DATE: 2025-07-16  
CHECK #: 108832723

BYRON CENTER, MI 493156928

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	STUART, AMANDA L				HIC	0027372476	ACNT	6900LMD642		ICN	322518510264963000	ASG Y MOA MA114 N219
1013940584	0610	061025	11	1	99214			219.00	15.42	0.00	0.00	CO-45 8.75 15.42
						REM: N442 MA125						
1013940584	0610	061025	11	1	G2211			25.00	3.05	0.00	0.00	OA-23 194.83 21.95 3.05
						REM: N131 MA125						
1013940584	0610	061025	11	1	2000F			0.00	0.00	0.00	0.00	0.00
						REM: N448						
PT RESP	0.00				CLAIM	TOTALS		244.00	18.47	0.00	0.00	225.53 18.47
ADJ TO TOTAL: PREV PD					INTEREST			0.00				LATE FILING CHARGE 0.00 NET 18.47
STATUS CODE 2: Processed as Secondary												

NAME	CRISMAN, HAROLD J				HIC	0000995344	ACNT	7013LMD642		ICN	322519011357903000	ASG Y MOA MA114 N219
1306898036	0617	061725	11	1	99214			219.00	15.42	0.00	0.00	CO-45 8.75 15.42
						REM: N442 MA125						
1306898036	0617	061725	11	1	G2211			25.00	3.05	0.00	0.00	OA-23 194.83 21.95 3.05
						REM: N131 MA125						
1306898036	0617	061725	11	1	36415			20.00	0.00	0.00	0.00	OA-23 20.00 0.00
						REM: N131 MA125						
1306898036	0617	061725	11	1	G8420			0.00	0.00	0.00	0.00	0.00
PT RESP	0.00				CLAIM	TOTALS		264.00	18.47	0.00	0.00	245.53 18.47
ADJ TO TOTAL: PREV PD					INTEREST			0.00				LATE FILING CHARGE 0.00 NET 18.47
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
	2	508.00	36.94	0.00	0.00	471.06	36.94	0.00	36.94

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
MA114 Missing / incomplete / invalid information on where the services were furnished.  
MA125 Per legislation governing this program, payment constitutes payment in full.  
N131 Total payments under multiple contracts cannot exceed the allowance for this service.  
N219 Payment based on previous payer's allowed amount.  
N442 Payment based on an alternate fee schedule.  
N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement  
OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

