

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: 2025-08-14  
EFT #: 721094154  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	BURNS, PAUL				HIC P0432506		ACNT 7584LMD642			ICN 6379702801	ASG Y MOA	
	0722	072225	11	1	99395	25	297.00	143.73	0.00	0.00	CO-45	153.27 143.73
	0722	072225	11	1	G0444	XU	91.00	25.91	0.00	0.00	CO-45	65.09 25.91
	0722	072225	11	1	G0442	XU	43.00	25.91	0.00	0.00	CO-45	17.09 25.91
	0722	072225	11	1	36415		20.00	4.30	0.00	0.00	CO-45	15.70 4.30
	0722	072225	11	1	G2211		25.00	0.00	0.00	0.00	CO-45	25.00 0.00
	0722	072225	11	1	G0136	33	65.00	48.75	0.00	0.00	CO-45	16.25 48.75
	0722	072225	11	1	G8510		0.00	0.00	0.00	0.00		0.00
	0722	072225	11	1	G8476		0.00	0.00	0.00	0.00		0.00
	0722	072225	11	1	G8417		0.00	0.00	0.00	0.00		0.00
	0722	072225	11	1	3074F		0.00	0.00	0.00	0.00		0.00
	0722	072225	11	1	3078F		0.00	0.00	0.00	0.00		0.00
	0722	072225	11	1	G9622		0.00	0.00	0.00	0.00		0.00
	0722	072225	11	1	1036F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM	TOTALS	541.00	248.60	0.00	0.00		292.40 248.60
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 248.60
PLAN TYPE: AS1												
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	6.14

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	541.00	248.60	0.00	0.00	292.40	242.46	6.14	242.46

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

