

AETNA []
 151 FARMINGTON AVENUE
 HARTFORD, CT 06156
 (000)000-0000

REMITTANCE
 ADVICE

TOBOLIC, TIMOTHY J [355706410]
 7740 BYRON CENTER AVE SW STE 202
 BYRON CENTER, MI 493156929

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-05-19
 EFT #: 825134000524577
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	BRITTON, AMY M				HIC W277299848	ACNT 5933LMD642				ICN EWY2LDCMV0000	ASG Y	MOA MA15
1982923660	0418	041825	11	1	99396	25	327.00	212.40	0.00	0.00	CO-45	114.60 212.40
1982923660	0418	041825	11	1	96160	XU	10.00	4.22	0.00	0.00	CO-45	5.78 0.00
											PR-3	4.22
1982923660	0418	041825	11	1	96127	XU	40.00	7.48	0.00	0.00	CO-45	32.52 0.00
											PR-3	7.48
1982923660	0418	041825	11	1	82570	QW	17.85	5.52	0.00	0.00	CO-45	12.33 0.00
											PR-3	5.52
1982923660	0418	041825	11	1	82043	QW	14.70	6.16	0.00	0.00	CO-45	8.54 0.00
											PR-3	6.16
1982923660	0418	041825	11	1	36415		20.00	11.78	0.00	0.00	CO-45	8.22 11.78
PT RESP	23.38				CLAIM TOTALS		429.55	247.56	0.00	0.00		205.37 224.18
ADJ TO TOTAL:	PREV PD				INTEREST		0.00				0.00	NET 224.18
PLAN TYPE:	AETNA CHOICE	POS II	NET	04633								
STATUS CODE 1:	Processed as Primary											

NAME	BRITTON, AMY M				HIC W277299848	ACNT 5933LMD642				ICN EWY2LDCMV0003	ASG Y	MOA MA15
1982923660	0418	041825	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1982923660	0418	041825	11	1	99396	QW	40.00	0.00	0.00	0.00	CO-97	40.00 0.00
					REM: N19							
1982923660	0418	041825	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1982923660	0418	041825	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1982923660	0418	041825	11	1	G0513		118.72	103.21	0.00	0.00	CO-45	15.51 103.21
1982923660	0418	041825	11	1	G0446	XU	61.88	40.23	0.00	0.00	CO-45	21.65 40.23
PT RESP	0.00				CLAIM TOTALS		220.60	143.44	0.00	0.00		77.16 143.44
ADJ TO TOTAL:	PREV PD				INTEREST		0.00				0.00	NET 143.44
PLAN TYPE:	AETNA CHOICE	POS II	NET	04633								
STATUS CODE 1:	Processed as Primary											

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	650.15	391.00	0.00	0.00	282.53	367.62	0.00	367.62

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
 MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
 N19 Procedure code incidental to primary procedure.
 PR-3 Co-payment Amount

