

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: 2025-06-02
 EFT #: 678990054
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BURD, LORI			HIC P0083418		ACNT 4874LMD642			ICN 6354879201	ASG Y	MOA
INSURED NAME: BURD, MELVIN										
0117 011725 11		1	81001	QW	43.05	6.27	0.00	1.25	CO-45	36.78 5.02
PT RESP	1.25		CLAIM TOTALS		43.05	6.27	0.00	1.25		36.78 5.02
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 5.02
PLAN TYPE: AS1										
STATUS CODE 1: Processed as Primary										

NAME BURD, LORI			HIC P0083418		ACNT 5259LMD642			ICN 6354879202	ASG Y	MOA
INSURED NAME: BURD, MELVIN										
0117 011725 11		1	81001		43.05	43.05	0.00	0.00	PR-B13	43.05 0.00
PT RESP	43.05		CLAIM TOTALS		43.05	43.05	0.00	0.00		43.05 0.00
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
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	0.12

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	86.10	49.32	0.00	1.25	79.83	4.90	0.12	4.90

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-2 Coinsurance Amount
 PR-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.

