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

BYRON CENTER, MI 493156929

NPI #: 1982923660

PAGE #: 1 of 2

DATE: 2025-05-27

EFT #: 825141000237778

TAX ID #: 272620668

REND PROV SERV DATE POS	NOS PROC MODS	BILLED ALLOWED	DEDUCT COINS	GRP/RC-AMT	PROV PD
NAME MAXWELL, EDWARD M		6087LMD642	ICN EWPDLMN5600		
1982923660 0428 042825 11	1 99401 25	65.00 0.00	0.00 0.00	CO-97 65.00	0.00
1982923660 0428 042825 11	REM: N20 1 99215 25	295.00 228.28	0.00 0.00	CO-45 66.72	198.28
1902923000 0420 042025 11	1 99215 25	295.00 226.26	0.00 0.00	PR-3 30.00	130.20
1982923660 0428 042825 11	1 83036 QW	60.90 10.35	0.00 2.07	CO-45 50.55	8.28
1982923660 0428 042825 11	1 3078F	0.00 0.00	0.00 2.07	CO-45 50.55	0.00
1982923660 0428 042825 11	1 3078F 1 3074F	0.00 0.00	0.00 0.00		0.00
1982923660 0428 042825 11	1 3074F 1 3051F	0.00 0.00	0.00 0.00		0.00
PT RESP 32.07	CLAIM TOTALS	420.90 238.63	0.00 0.00	212.27	206.56
ADJ TO TOTAL: PREV PD	INTEREST		FILING CHARGE		206.56
PLAN TYPE: OPEN CHOICE NET		0.00 HAIE	FILING CHARGE	0.00 NEI 2	200.50
STATUS CODE 1: Processed as					
STATUS CODE 1: Processed as	Primary				
NAME MAXWELL, EDWARD M	HIC W254204360 ACNT	6087LMD642	ICN EWPDLMN5600	02 ASG Y MOA MA	A15
1982923660 0428 042825 11	1 G0447 XU	65.00 39.73	0.00 0.00	CO-45 25.27	39.73
PT RESP 0.00	CLAIM TOTALS	65.00 39.73	0.00 0.00	25.27	39.73
ADJ TO TOTAL: PREV PD	INTEREST		FILING CHARGE	0.00 NET	39.73
PLAN TYPE: OPEN CHOICE NET		0.00	TILING CHARGE	0.00 NEI	33.73
STATUS CODE 1: Processed as					
DIATOD CODE I. ITOCCEBBCG GB	I I IIIIGI Y				
NAME HAIGHT, KELLY L	HIC W22387982903 ACNT	6097LMD642	ICN E0Y2LH2TT00	00 ASG Y MOA MA	A15
1982923660 0429 042925 11	1 99214 25	219.00 162.60	162.60 0.00	CO-45 56.40	0.00
1982923660 0429 042925 11	1 36415	20.00 11.78	0.00 0.00	CO-45 8.22	11.78
1982923660 0429 042925 11	1 3078F	0.00 0.00	0.00 0.00	00 10 0111	0.00
1982923660 0429 042925 11	1 3074F	0.00 0.00	0.00 0.00		0.00
1982923660 0429 042925 11	1 3008F	0.00 0.00	0.00 0.00		0.00
1982923660 0429 042925 11	1 2001F	0.00 0.00	0.00 0.00		0.00
PT RESP 162.60	CLAIM TOTALS	239.00 174.38	162.60 0.00	64.62	11.78
ADJ TO TOTAL: PREV PD	INTEREST	0.00 LATE	FILING CHARGE	0.00 NET	11.78
PLAN TYPE: AETNA CHOICE PO					
STATUS CODE 1: Processed as	Primary				
	<u>-</u>				
NAME DEPAS, JOHN S	HIC W147338737 ACNT	6102LMD642	ICN E9ADK98CV00	00 ASG Y MOA MA	A15
1982923660 0321 032125 11	1 99396 25	327.00 212.40	0.00 0.00	CO-45 114.60	212.40
1982923660 0321 032125 11	1 36415	20.00 11.78	0.00 0.00	CO-45 8.22	11.78
1982923660 0321 032125 11	1 3008F	0.00 0.00	0.00 0.00		0.00
1982923660 0321 032125 11	1 2001F	0.00 0.00	0.00 0.00		0.00
1982923660 0321 032125 11	1 2000F	0.00 0.00	0.00 0.00		0.00
1982923660 0321 032125 11	1 1160F	0.00 0.00	0.00 0.00		0.00
PT RESP 0.00	CLAIM TOTALS	347.00 224.18	0.00 0.00	122.82	224.18
ADJ TO TOTAL: PREV PD	INTEREST	0.00 LATE	FILING CHARGE	0.00 NET 2	224.18
PLAN TYPE: AETNA HEALTHFUND	AETNA CHOICE POS II	NET 04633			
STATUS CODE 1: Processed as	Primary				
NAME DEPAS, JOHN S		6102LMD642	ICN E9ADK98CV00		
1982923660 0321 032125 11	1 G0442 XU	30.00 27.89	0.00 0.00	CO-45 2.11	27.89
1982923660 0321 032125 11	1 G0136 33	34.80 28.40	28.40 0.00	CO-45 6.40	0.00
PT RESP 28.40	CLAIM TOTALS	64.80 56.29	28.40 0.00	8.51	27.89
ADJ TO TOTAL: PREV PD	INTEREST		FILING CHARGE	0.00 NET	27.89
PLAN TYPE: AETNA HEALTHFUND		NET 04633			
STATUS CODE 1: Processed as	Primary				



REMITTANCE AETNA

NPI #: 1982923660 TOBOLIC, TIMOTHY J [355706410] ADVICE 1982923660 825141000237778 PAGE #: 2 of 2 EFT #: DATE: 2025-05-27

REND PROV	SERV DATE	POS 1	NOS	PROC	MOL	S	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	•	PROV PI
NAME COLE	, EDWARD		HIC W	v28111	19467	ACNT	6387LMD64	2	ICN E	9ADLLX9V000	OO ASG	MOA	MA15
198292366	0 0514 051425	11	1 99	213 2	25		146.00	114.77	114.77	0.00	CO-45	31.23	0.00
198292366	0 0514 051425	11	1 36	5415			20.00	11.78	11.78	0.00	CO-45	8.22	0.00
198292366	0 0514 051425	11	1 30)78F			0.00	0.00	0.00	0.00			0.00
198292366	0 0514 051425	11	1 30)74F			0.00	0.00	0.00	0.00			0.00
198292366	0 0514 051425	11	1 30	008F			0.00	0.00	0.00	0.00			0.00
198292366	0 0514 051425	11	1 20	01F			0.00	0.00	0.00	0.00			0.00
PT RESP	126.55		CL	LAIM T	TOTALS	}	166.00	126.55	126.55	0.00		39.45	0.00
ADJ TO TO	TAL: PREV PD				INTE	REST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
PLAN TYPE	: AETNA HEALT	'HFUND	AETN	VA CHO	DICE	POS II	NET 04633						
STATUS CO	DE 1: Process	ed as	Prima	ary									
NAME COLE	, EDWARD		HIC W	v28111	19467	ACNT	6387LMD64	2	ICN E	9ADLLX9V000	01 ASG 3	MOA	MA15
NAME COLE 198292366	, EDWARD 0 0514 051425	11	HIC W		19467	ACNT	6387LMD64	2 0.00	ICN E	9ADLLX9V000	O1 ASG Y	MOA	MA15
198292366	•		_	000F	19467	ACNT					O1 ASG Y	MOA	
198292366 198292366	0 0514 051425	11	1 20	00F L60F	19467	ACNT	0.00	0.00	0.00	0.00	01 ASG	MOA	0.00
198292366 198292366 198292366	0 0514 051425 0 0514 051425	11	1 20 1 11	000F L60F L59F	19467	ACNT	0.00	0.00	0.00	0.00	D1 ASG N	MOA	0.00
198292366 198292366 198292366 198292366	0 0514 051425 0 0514 051425 0 0514 051425	11 11 11	1 20 1 11 1 11	000F L60F L59F 036F	19467	ACNT	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	O1 ASG Y	MOA	0.00
198292366 198292366 198292366 198292366	0 0514 051425 0 0514 051425 0 0514 051425 0 0514 051425	11 11 11	1 20 1 11 1 11 1 10 1 10	000F L60F L59F 036F 000F	19467		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	01 ASG Y	.000	0.00 0.00 0.00
198292366 198292366 198292366 198292366 198292366 PT RESP	0 0514 051425 0 0514 051425 0 0514 051425 0 0514 051425 0 0514 051425	11 11 11	1 20 1 11 1 11 1 10 1 10	000F L60F L59F 036F 000F	FOTALS		0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.00		0.00 0.00 0.00 0.00
198292366 198292366 198292366 198292366 198292366 PT RESP ADJ TO TO	0 0514 051425 0 0514 051425 0 0514 051425 0 0514 051425 0 0514 051425 0.00	11 11 11 11 11	1 20 1 11 1 11 1 10 1 10 CL	000F L60F L59F 036F 000F LAIM 1	FOTALS INTE	REST	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 LATE	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00		0.00	0.00 0.00 0.00 0.00
198292366 198292366 198292366 198292366 198292366 PT RESP ADJ TO TO PLAN TYPE	0 0514 051425 0 0514 051425 0 0514 051425 0 0514 051425 0 0514 051425 0 000	11 11 11 11 11	1 20 1 11 1 11 1 10 1 10 CL	000F L60F L59F 036F 000F LAIM T	FOTALS INTE	REST	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 LATE	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00		0.00	0.00 0.00 0.00 0.00
198292366 198292366 198292366 198292366 198292366 PT RESP ADJ TO TO PLAN TYPE	0 0514 051425 0 0514 051425 0 0514 051425 0 0514 051425 0 0514 051425 0 00 TAL: PREV PD : AETNA HEALT	11 11 11 11 11	1 20 1 11 1 11 1 10 1 10 CL AETN	000F L60F L59F 036F 000F LAIM T	FOTALS INTE DICE	REST	0.00 0.00 0.00 0.00 0.00 0.00 0.00 NET 04633	0.00 0.00 0.00 0.00 0.00 0.00 LATE	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.00	0.00	0.00 0.00 0.00 0.00
198292366 198292366 198292366 198292366 PT RESP ADJ TO TO PLAN TYPE STATUS CO	0 0514 051425 0 0514 051425 0 0514 051425 0 0514 051425 0 0514 051425 0 0.00 TAL: PREV PD : AETNA HEALT DE 1: Process	11 11 11 11 11 THFUND	1 20 1 11 1 11 1 10 1 10 CL AETN	000F L60F L59F 036F 000F LAIM T	FOTALS INTE DICE WED	REST POS II	0.00 0.00 0.00 0.00 0.00 0.00 0.00 NET 04633	0.00 0.00 0.00 0.00 0.00 0.00 LATE	0.00 0.00 0.00 0.00 0.00 0.00 FILING	0.00 0.00 0.00 0.00 0.00 0.00 CHARGE	0.00 D PF	0.00 NET	0.00 0.00 0.00 0.00 0.00

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

Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the MA15 other services reported.

N20 Service not payable with other service rendered on the same date.

PR-1 Deductible Amount

PR-2 Coinsurance Amount PR-3 Co-payment Amount