

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: 2025-08-04
 EFT #: 825211000295847
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BAKER, WENDY			HIC W286095701		ACNT	7542LMD642		ICN EJPDPWGGJ10001	ASG Y	MOA MA15	
1982923660	0721	072125	11	1	1160F	0.00	0.00	0.00	0.00		0.00
1982923660	0721	072125	11	1	1159F	0.00	0.00	0.00	0.00		0.00
1982923660	0721	072125	11	1	1000F	0.00	0.00	0.00	0.00		0.00
1982923660	0721	072125	11	1	G8476	0.00	0.00	0.00	0.00		0.00
1982923660	0721	072125	11	1	G8420	0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	0.00
PLAN TYPE: AETNA CHOICE						POS II NET	04633				
STATUS CODE 1: Processed as Primary											

NAME DREW, MARK R			HIC W155292280		ACNT	7325LMD642		ICN ERFPDNNPH0000	ASG Y	MOA MA15	
1982923660	0708	070825	11	1	99213 25	146.00	114.77	0.00	0.00	CO-45 PR-3	31.23 15.00 99.77
1982923660	0708	070825	11	1	3078F	0.00	0.00	0.00	0.00		0.00
1982923660	0708	070825	11	1	3074F	0.00	0.00	0.00	0.00		0.00
1982923660	0708	070825	11	1	3008F	0.00	0.00	0.00	0.00		0.00
1982923660	0708	070825	11	1	2001F	0.00	0.00	0.00	0.00		0.00
1982923660	0708	070825	11	1	2000F	0.00	0.00	0.00	0.00		0.00
PT RESP		15.00	CLAIM TOTALS			146.00	114.77	0.00	0.00		46.23 99.77
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	99.77
PLAN TYPE: OPEN ACCESS AETNA SELECT						8480 NET	04634				
STATUS CODE 1: Processed as Primary											

NAME ONG, LINDA J			HIC W223881410		ACNT	7310LMD642		ICN EX37MQL0P0000	ASG Y	MOA	
1982923660	0624	062425	11	1	36415	20.00	11.78	0.00	0.00	CO-45	8.22 11.78
PT RESP		0.00	CLAIM TOTALS			20.00	11.78	0.00	0.00		8.22 11.78
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	11.78
PLAN TYPE: AETNA CHOICE						POS II NET	04633				
STATUS CODE 1: Processed as Primary											

NAME COLE, JOSHUA E			HIC W281119467		ACNT	7513LMD642		ICN EHY2PT6L60002	ASG Y	MOA MA15	
1982923660	0718	071825	11	1	G0136 33	65.00	28.40	28.40	0.00	CO-45	36.60 0.00
PT RESP		28.40	CLAIM TOTALS			65.00	28.40	28.40	0.00		36.60 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	0.00
PLAN TYPE: AETNA HEALTHFUND						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
	4	231.00	154.95	28.40	0.00	91.05	111.55	0.00	111.55

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
 PR-1 Deductible Amount
 PR-3 Co-payment Amount

