

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: 2025-07-08
EFT #: 698930203
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	SCHIERBEEK, KEITH				HIC P0264169		ACNT 6921LMD642		ICN 6366638701		ASG Y MOA	
	0611	061125	11	1	99395	25	297.00	143.73	0.00	0.00	CO-45	143.73
	0611	061125	11	1	G0136	33	65.00	48.75	0.00	0.00	CO-45	48.75
	0611	061125	11	1	36415		20.00	4.30	0.00	0.00	CO-45	4.30
	0611	061125	11	1	G0442	XU	30.00	25.91	0.00	0.00	CO-45	0.00
											PR-3	25.91
	0611	061125	11	1	G0444	XU	29.45	25.91	0.00	0.00	CO-45	25.91
	0611	061125	11	1	0513F		0.00	0.00	0.00	0.00		0.00
	0611	061125	11	1	G8420		0.00	0.00	0.00	0.00		0.00
	0611	061125	11	1	3075F		0.00	0.00	0.00	0.00		0.00
	0611	061125	11	1	G9621		0.00	0.00	0.00	0.00		0.00
	0611	061125	11	1	G8510		0.00	0.00	0.00	0.00		0.00
	0611	061125	11	1	3079F		0.00	0.00	0.00	0.00		0.00
PT RESP		25.91			CLAIM TOTALS		441.45	248.60	0.00	0.00		222.69
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	222.69
PLAN TYPE: AS1											NET	
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	5.50

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	441.45	248.60	0.00	0.00	218.76	217.19	5.50	217.19

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
PR-3 Co-payment Amount

