

UMR []
 115 W Wausau Ave
 Wausau, WI 54401
 (000)000-0000

REMITTANCE
 ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
 STE 202
 7740 BYRON CENTER AVE SW
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-06-27
 EFT #: 694248198
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	MARTZKE, ADAM			HIC 26708216	ACNT 6860LMD642			ICN 25164416770		ASG Y MOA	
1306898036	0609 060925 11			99213 25		146.00	74.71	0.00	0.00	CO-45	54.71
										PR-3	
1306898036	0609 060925 11			82570 QW		17.85	3.95	0.00	0.00	CO-45	3.95
1306898036	0609 060925 11			82043 QW		14.70	4.78	0.00	0.00	CO-45	4.78
1306898036	0609 060925 11			3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0609 060925 11			3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0609 060925 11			G8476		0.00	0.00	0.00	0.00		0.00
1306898036	0609 060925 11			G8427		0.00	0.00	0.00	0.00		0.00
1306898036	0609 060925 11			3061F		0.00	0.00	0.00	0.00		0.00
PT RESP	20.00			CLAIM TOTALS		178.55	83.44	0.00	0.00		63.44
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	63.44
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	1.57

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	178.55	83.44	0.00	0.00	115.11	61.87	1.57	61.87

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

