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TIMOTHY J TOBOLIC MD PLLC                                  NPI #:       1982923660
                                                           PAGE #:      1 of 1
                                                           DATE:        2025-08-13
BYRON CENTER, MI 493156928                                 EFT #:       743100273
                                                           TAX ID #:    272620668
```

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT		PROV PD
NAME MATTESON, JON		HIC R12066310	ACNT 7533LMD642				ICN 26252190123500710 ASG Y	MOA			
1306898036	0721 072125	11	1 G0439		361.00	119.41	0.00	0.00	OA-23	361.00	0.00
1306898036	0721 072125	11	1 99497	33	132.00	0.00	0.00	0.00	OA-23	132.00	0.00
			REM: N30 N130								
1306898036	0721 072125	11	1 99214	25	241.68	120.84	0.00	0.00	OA-23	120.84	120.84
1306898036	0721 072125	11	1 G2211		25.00	15.26	0.00	0.00	CO-45	9.74	15.26
1306898036	0721 072125	11	1 G0444	XU	91.00	15.90	0.00	0.00	OA-23	91.00	0.00
1306898036	0721 072125	11	1 G0442	XU	43.00	15.90	0.00	0.00	OA-23	43.00	0.00
1306898036	0721 072125	11	1 G0136	33	65.00	0.00	0.00	0.00	OA-23	65.00	0.00
			REM: N20								
1306898036	0721 072125	11	1 36415		20.00	8.91	0.00	0.00	OA-23	20.00	0.00
1306898036	0721 072125	11	1 G0556		29.48	0.00	0.00	0.00	OA-23	14.74	0.00
			REM: N130						PR-204	14.74	

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PT RESP     14.74           CLAIM TOTALS   1008.16   296.22    0.00     0.00          872.06      136.10
ADJ TO TOTAL: PREV PD               INTEREST    0.00      LATE FILING CHARGE       0.00    NET    136.10
STATUS CODE 2: Processed as Secondary
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TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	1008.16	296.22	0.00	0.00	872.06	136.10	0.00	136.10

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45   Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
N130   Consult plan benefit documents / guidelines for information about restrictions for this service.
N20   Service not payable with other service rendered on the same date.
N30   Patient ineligible for this service.
OA-23   Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or
         adjustments
PR-204   This service / equipment / drug is not covered under the patient's current benefit plan