TIMOTHY J. TOBOLIC, MD, PLLC 7740 BYRON CENTER AVE SW STE 202 BYRON CENTER, MI 493156929 NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-04-08
EFT #: 899081258
TAX ID #: 272620668

		DATE	POS		PROC			BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AI		PROV PD
NAME COOL							. ACNT	5431LMD64			82508461206		Y MOA	MA01 MA15
L30689803	5 0324	032425	11	1	99213	25		146.00	85.63	0.00		CO-253	60.37 1.37	67.13
130689803	0324	032425	11	1	G0446	ΧU		61.88	30.94	0.00	0.00	CO-45 CO-253	30.94 0.62	
130689803	0324	032425	11	1	1036F	REM:	N620	0.00	0.00	0.00	0.00			0.00
130689803	0324	032425	11	1	2000F	REM:	N620	0.00	0.00	0.00	0.00			0.00
PT RESP	17.1	.3			CLAIM	TOTALS	}	207.88	116.57	0.00	17.13		93.30	97.45
DJ TO TO	TAL: PR	EV PD				INT	REST	0.00	LATE	FILING	CHARGE	0.00	NET	97.45
TATUS CO	DE 1: P	rocess	ed as	s Pri	mary									
NAME GODL	EY, TAY	LOR		HIC	7DX7	7V0XJ34	ACNT	5267LMD64	42	ICN 1	82508428012	20 ASG	Y MOA	MA01 MA07 M
L30689803	5 0314	031425	11	1	99214	25		219.00		0.00	24.17	CO-45 CO-253	98.16 1.93	
L30689803	5 0314	031425	11	1	99401	33 REM:	N130	40.00	0.00	0.00		PR-96	40.00	
L30689803	5 0314	031425	11	1	G8431		***	0.00	0.00	0.00	0.00			0.00
						REM:								
		.7			CLAIM	TOTALS	}	259.00					140.09	
ADJ TO TO	ral: PR	EV PD				TOTAL:	REST	0.00	LATE	FILING		0.00	140.09 NET	94.74 94.74
ADJ TO TO	TAL: PR DE 19:	EV PD Proces	sed a	as Pr	imary,	TOTALS INTE	REST arded t	0.00 o Addition		FILING				
ADJ TO TO STATUS CO CLAIM INF	TAL: PR DE 19: DRMATIO	EV PD Proces N FORW	sed a	as Pr D TO:	imary,	TOTALS INTE Forward OF MI	REST arded t	0.00 o Addition	LATE nal Payer(FILING s)		0.00	NET	
ADJ TO TO STATUS CO CLAIM INFO	TAL: PR DE 19: DRMATIO	Process Process ON FORWA	sed a	as Pr D TO: HIC	imary,	TOTALS INTE FORMS OF MI	REST arded t	0.00 o Addition - MDHHS	LATE nal Payer(FILING s)	CHARGE 82508461208	0.00 30 ASG	NET	94.74 MA01 MA18 M 94.74
ADJ TO TO STATUS COI LAIM INFO NAME STIT:	TAL: PR DE 19: DRMATIO ZEL, JO 4 0325	Process ON FORW OHN M 032525	sed a	as Pr D TO: HIC	imary,	TOTALS INTE FORMS OF MI	EREST orded t CCHIGAN	0.00 o Addition - MDHHS	LATE nal Payer(FILING s) ICN 1	CHARGE 82508461208 24.17	0.00 30 ASG CO-45 CO-253	NET Y MOA 98.16	94.74 MA01 MA18 M 94.74
ADJ TO TO STATUS CO CLAIM INFO NAME STIT: L01394058	TAL: PR DE 19: DRMATIO ZEL, JO 4 0325	Process Process NN FORWA DHN M 032525	sed a ARDEI 11	as Pr D TO: HIC 1	STATE C 6XH70	TOTALS INTE FORWA OF MI CJ9HP46	EREST orded t CCHIGAN	0.00 o Addition - MDHHS 5451LMD64 219.00	LATE nal Payer(42 120.84 0.00	FILING s) ICN 1 0.00 0.00	82508461208 24.17 0.00	0.00 30 ASG CO-45 CO-253	NET Y MOA 98.16 1.93	94.74 MA01 MA18 M 94.74 0.00 92.34
ADJ TO TO: STATUS COI CLAIM INFO NAME STIT: L01394058- L01394058-	TAL: PR DE 19: DRMATIO ZEL, JO 4 0325	EV PD Process ON FORWA DHN M 032525 032525	sed a ARDEI	HIC 1	STATE 2 6XH70 99214 G2211 10060	TOTALS INTH FORWAR OF MI CJ9HP46 25 REM:	REST Trded t CHIGAN ACNT	0.00 O Addition - MDHHS 5451LMD64 219.00	LATE nal Payer(42 120.84 0.00	ICN 1 0.00 0.00	82508461208 24.17 0.00 23.55	0.00 80 ASG CO-45 CO-253 CO-234 CO-45	Y MOA 98.16 1.93 25.00	94.74 MA01 MA18 M 94.74 0.00 92.34
DJ TO TO: STATUS COI STATUS COI LAIM INFO IAME STIT: .013940580139405801394058.	TAL: PR DE 19: DRMATIO ZEL, JO 4 0325 4 0325 4 0325 47.7 TAL: PR	Procession FORWARD MAN MOSS 125 25 25 PD	sed a ARDEI 11 11	HIC 1	G2211 10060 CLAIM	TOTALS INTH FORWA OF MI CJ9HP46 25 REM: TOTALS INTH	EREST Lrded t CHIGAN ACNT N20	0.00 Addition - MDHHS 5451LMD64 219.00 25.00 262.90 506.90 0.00	LATE nal Payer(120.84 0.00 117.77 238.61 LATE	FILING s) ICN 1 0.00 0.00 0.00 0.00 FILING	82508461208 24.17 0.00 23.55 47.72	0.00 80 ASG CO-45 CO-253 CO-234 CO-45	NET Y MOA 98.16 1.93 25.00 145.13 1.88	94.74 MA01 MA18 M 94.74 0.00 92.34
DJ TO TO STATUS CON CLAIM INFO NAME STITE 101394058 101394058 101394058 PT RESP ADJ TO TO STATUS CON	TAL: PR DE 19: DRMATIO ZEL, JO 4 0325 4 0325 4 0325 4 7.7 FAL: PR DE 19:	Process N FORW DHN M 032525 032525 032525	sed a ARDEI 11 11 11 sed a	HIC 1 1	imary, STATE 6XH70 99214 G2211 10060 CLAIM	TOTALS INTH FORWA FOR MI CJ9HP46 25 REM: TOTALS INTH FORWA	CREST LICHIGAN ACNT N20 CREST LICHIGAN	0.00 Addition - MDHHS 5451LMD64 219.00 25.00 262.90 506.90 0.00	LATE pal Payer(42 120.84 0.00 117.77 238.61	FILING s) ICN 1 0.00 0.00 0.00 0.00 FILING	82508461208 24.17 0.00 23.55 47.72	0.00 30 ASG CO-45 CO-253 CO-234 CO-45 CO-253	Y MOA 98.16 1.93 25.00 145.13 1.88 272.10	94.74 MA01 MA18 M 94.74 0.00 92.34 187.08
DJ TO TO: STATUS COI CLAIM INFO VAME STIT: L01394058: L01394058: COI394058: TT RESP ADJ TO TO: STATUS COI CLAIM INFO CLAIM INFO	TAL: PR DE 19: DRMATIO ZEL, JO 4 0325 4 0325 4 0325 4 7.7 FAL: PR DE 19:	Process On FORW OHN M O32525 O32525 C2 EV PD Process ON FORW	sed a ARDEI 11 11 11 sed a	HIC 1 1 1 1 D TO:	imary, STATE 6XH70 99214 G2211 10060 CLAIM	TOTALS INTH FOTWAR FOTWAR OF MI CJ9HP46 25 REM: TOTALS INTH FOTWAR ICAN CO	CREST LICHIGAN ACNT N20 CREST LICHIGAN	0.00 0 Addition - MDHHS 5451LMD64 219.00 25.00 262.90 506.90 0.00 0 Addition TAL INSU.	LATE nal Payer(120.84 0.00 117.77 238.61 LATE	FILING s) ICN 1 0.00 0.00 0.00 0.00 FILING	82508461208 24.17 0.00 23.55 47.72	0.00 30 ASG CO-45 CO-253 CO-234 CO-45 CO-253 0.00	Y MOA 98.16 1.93 25.00 145.13 1.88 272.10	94.74 MA01 MA18 M 94.74 0.00 92.34 187.08
CLAIM INFO NAME STIT: 101394058- 101394058- 101394058- PT RESP ADJ TO TO	TAL: PR DE 19: DRMATIO ZEL, JO 4 0325 4 0325 47.7 TAL: PR DE 19: DRMATIO	Procession FORWARD OF THE PROCESSION FORWARD	sed a ARDEI 11 11 11 sed a ARDEI	HIC 1 1 1 1 D TO:	imary, STATE 99214 G2211 10060 CLAIM	TOTALS INTH FOTWAR FOTWAR 25 OF MI CJ9HP46 25 REM: TOTALS INTH FOTWAR ICAN CO	REST Irded t Irded t CHIGAN ACNT N20 REST Irded t NTINEN	0.00 0 Addition - MDHHS 5451LMD64 219.00 25.00 262.90 506.90 0.00 0 Addition TAL INSU.	LATE nal Payer(120.84 0.00 117.77 238.61 LATE nal Payer(ICN 1 0.00 0.00 0.00 0.00 FILING	82508461208 24.17 0.00 23.55 47.72 CHARGE	0.00 30 ASG CO-45 CO-253 CO-234 CO-45 CO-253 0.00	Y MOA 98.16 1.93 25.00 145.13 1.88 272.10 NET	94.74 MA01 MA18 M 94.74 0.00 92.34 187.08 187.08

GLOSSARY	: GROUP, REASON, MOA, REMARK AND REASON CODES
CO-234	This procedure is not paid separately. Check Remittance Remark Codes for details.
CO-253	Sequestration - reduction in federal spending
CO-45	Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
MA01	Alert: If you do not agree with what we approved for these services, you may appeal our decision. To
	make sure that we are fair to you, we require another individual that did not process your initial claim
	to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120
	days of the date you received this notice, unless you have a good reason for being late.
MA07	Alert: The claim information has also been forwarded to Medicaid for review.
MA15	Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the
	other services reported.
MA18	Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any
	questions regarding supplemental benefits to them.
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.
N620	Alert: This procedure code is for quality reporting / informational purposes only.
PR-2	Coinsurance Amount
PR-96	Non-covered charge(s).

