

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: 2025-08-06
EFT #: 715834014
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WERNER, ROBERT			HIC P0467618	ACNT	7399LMD642		ICN 6376021201	ASG Y	MOA	
	0711 071125 11	1	99214 25		219.00	132.98	0.00	0.00	CO-45	86.02 102.98
									PR-3	30.00
	0711 071125 11	1	G0446 XU		65.00	37.09	0.00	0.00	CO-45	27.91 37.09
	0711 071125 11	1	3075F		0.00	0.00	0.00	0.00		0.00
	0711 071125 11	1	3078F		0.00	0.00	0.00	0.00		0.00
	0711 071125 11	1	G8420		0.00	0.00	0.00	0.00		0.00
PT RESP	30.00		CLAIM TOTALS		284.00	170.07	0.00	0.00		143.93 140.07
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 140.07
PLAN TYPE: AS1										
STATUS CODE 1: Processed as Primary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	3.46

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	284.00	170.07	0.00	0.00	143.93	136.61	3.46	136.61

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

