

Molina Healthcare of Michigan []
200 Oceangate, 6th Floor
Long Beach, CA 90802

REMITTANCE
ADVICE

TOBOLIC TIMOTHY MD
7740 BYRON CENTER AVE
STE 202
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-08-08
EFT #: 1202508701
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VISSER, JOSHUA R			HIC 1027044632	ACNT 7684LMD642		ICN 25212118100	ASG Y	MOA			
1013940584	0715	071525	1 99214		219.00	121.18	0.00	0.00	CO-45	97.82	121.18
1013940584	0715	071525	1 G8510		0.00	0.00	0.00	0.00			0.00
1013940584	0715	071525	1 0513F		0.00	0.00	0.00	0.00			0.00
1013940584	0715	071525	1 G8427		0.00	0.00	0.00	0.00			0.00
1013940584	0715	071525	1 3077F		0.00	0.00	0.00	0.00			0.00
1013940584	0715	071525	1 3078F		0.00	0.00	0.00	0.00			0.00
1013940584	0715	071525	1 3008F		0.00	0.00	0.00	0.00			0.00
1013940584	0715	071525	1 2001F		0.00	0.00	0.00	0.00			0.00
1013940584	0715	071525	1 2000F		0.00	0.00	0.00	0.00			0.00
1013940584	0715	071525	1 1000F		0.00	0.00	0.00	0.00			0.00
1013940584	0715	071525	1 1159F		0.00	0.00	0.00	0.00			0.00
1013940584	0715	071525	1 1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		219.00	121.18	0.00	0.00		97.82	121.18
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	121.18
PLAN TYPE: QMXPB8055											
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Claim transmission fee amount (AH)		1202508701		2.41

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	219.00	121.18	0.00	0.00	97.82	118.77	2.41	118.77

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

