

AETNA []
151 FARMINGTON AVENUE
HARTFORD, CT 06156
(000)000-0000

REMITTANCE
ADVICE

TOBOLIC, TIMOTHY J [355706410]
7740 BYRON CENTER AVE SW STE 202

BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-05-05
EFT #: 825120000305070
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME MARING, MICHAEL P				HIC W282075084		ACNT	5755LMD642	ICN EATYMZMJD0000		ASG Y	MOA MA15			
1982923660	0409	040925	11	1	99395	25		297.00	200.06	0.00	0.00	CO-45	96.94	200.06
1982923660	0409	040925	11	1	96160	XU		5.30	0.00	0.00	0.00	CO-97	5.30	0.00
REM: N19														
1982923660	0409	040925	11	1	96127	XU		40.00	7.48	0.00	0.00	CO-45	32.52	7.48
1982923660	0409	040925	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1982923660	0409	040925	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1982923660	0409	040925	11	1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00	CLAIM TOTALS					342.30	207.54	0.00	0.00		134.76	207.54
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00		NET	207.54
PLAN TYPE: AETNA CHOICE POS II NET 04633														
STATUS CODE 1: Processed as Primary														

NAME BRITTON, AMY M				HIC W277299848		ACNT	5933LMD642	ICN EWY2LDCMV0001		ASG Y	MOA MA15			
1982923660	0418	041825	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1982923660	0418	041825	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1982923660	0418	041825	11	1	3061F			0.00	0.00	0.00	0.00			0.00
1982923660	0418	041825	11	1	3044F			0.00	0.00	0.00	0.00			0.00
1982923660	0418	041825	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1982923660	0418	041825	11	1	2010F			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00	CLAIM TOTALS					0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00		NET	0.00
PLAN TYPE: AETNA CHOICE POS II NET 04633														
STATUS CODE 1: Processed as Primary														

NAME BRITTON, AMY M				HIC W277299848		ACNT	5933LMD642	ICN EWY2LDCMV0002		ASG Y	MOA MA15			
1982923660	0418	041825	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1982923660	0418	041825	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1982923660	0418	041825	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1982923660	0418	041825	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1982923660	0418	041825	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1982923660	0418	041825	11	1	1003F			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00	CLAIM TOTALS					0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00		NET	0.00
PLAN TYPE: AETNA CHOICE POS II NET 04633														
STATUS CODE 1: Processed as Primary														

NAME ROTTMAN, JASON P				HIC W276922384		ACNT	5403LMD642	ICN E9RWKDG8T0000		ASG Y	MOA MA15			
1982923660	1223	122324	11	1	99395			-297.00	0.00	0.00	0.00	CO-45	-100.48	-196.52
1982923660	1223	122324	11	1	99213	25		-146.00	0.00	-56.37	0.00	CO-59	-89.63	0.00
1982923660	1223	122324	11	1	96160	XU		-5.30	0.00	0.00	0.00	CO-97	-5.30	0.00
REM: N19														
1982923660	1223	122324	11	1	96127	XU		-40.00	0.00	-7.35	0.00	CO-45	-32.65	0.00
1982923660	1223	122324	11	1	36415			-15.00	0.00	-11.58	0.00	CO-45	-3.42	0.00
1982923660	1223	122324	11	1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00	CLAIM TOTALS					-503.30	0.00	-75.30	0.00		-231.48	-196.52
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00		NET	-196.52
PLAN TYPE: AETNA CHOICE POS II NET 11244														
STATUS CODE 22: Reversal of Previous Payment														

NAME ROTTMAN, JASON P				HIC W276922384		ACNT	5403LMD642	ICN E9RWKDG8T0002		ASG Y	MOA MA15			
1982923660	1223	122324	11	1	99395			297.00	196.52	0.00	0.00	CO-45	100.48	196.52
1982923660	1223	122324	11	1	99213	25		146.00	56.37	56.37	0.00	CO-59	89.63	0.00
1982923660	1223	122324	11	1	96160	XU		5.30	4.14	4.14	0.00	CO-45	1.16	0.00
1982923660	1223	122324	11	1	96127	XU		40.00	7.35	7.35	0.00	CO-45	32.65	0.00
1982923660	1223	122324	11	1	36415			15.00	11.58	11.58	0.00	CO-45	3.42	0.00
1982923660	1223	122324	11	1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP		79.44	CLAIM TOTALS					503.30	275.96	79.44	0.00		227.34	196.52
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00		NET	196.52
PLAN TYPE: AETNA CHOICE POS II NET 11244														
STATUS CODE 1: Processed as Primary														



AETNA			REMITTANCE	
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TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	5	342.30	483.50	4.14	0.00	130.62	207.54	0.00	207.54

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-59 Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules.

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

N19 Procedure code incidental to primary procedure.

PR-1 Deductible Amount

