

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: 2025-04-21
EFT #: 655765036
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	BALTUTAT, TERRY				HIC P0223682		ACNT 5519LMD642		ICN 6332752901		ASG Y MOA	
	1212 121224 11		1	99213 25			146.00	89.35	0.00	0.00	CO-45	56.65 59.35
											PR-3	30.00
	1212 121224 11		1	G0446 XU			61.88	37.09	37.09	0.00	CO-45	24.79 0.00
	1212 121224 11		1	G0447 XU			65.00	37.09	37.09	0.00	CO-45	27.91 0.00
	1212 121224 11		1	99401 33			65.00	47.38	0.00	0.00	CO-45	17.62 47.38
	1212 121224 11		1	3074F			0.00	0.00	0.00	0.00		0.00
	1212 121224 11		1	3079F			0.00	0.00	0.00	0.00		0.00
	1212 121224 11		1	3008F			0.00	0.00	0.00	0.00		0.00
	1212 121224 11		1	2001F			0.00	0.00	0.00	0.00		0.00
	1212 121224 11		1	2000F			0.00	0.00	0.00	0.00		0.00
	1212 121224 11		1	1000F			0.00	0.00	0.00	0.00		0.00
	1212 121224 11		1	1159F			0.00	0.00	0.00	0.00		0.00
	1212 121224 11		1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	104.18			CLAIM TOTALS			337.88	210.91	74.18	0.00		156.97 106.73
ADJ TO TOTAL: PREV PD				INTEREST			0.00		LATE FILING CHARGE		0.00	NET 106.73
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	2.64

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	337.88	210.91	74.18	0.00	156.97	104.09	2.64	104.09

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
PR-1 Deductible Amount
PR-3 Co-payment Amount

