

AETNA []
1021 REAMS FLEMING BLVD
FRANKLIN, TN 37064
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-05-26
EFT #: 677021953
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BLACKPORT, PAUL		HIC	CLI6508416	ACNT	5930LMD642		ICN	281065794	ASG Y	MOA
	0418 041825	1	G0439		361.00	0.00	0.00	0.00	OA-23	361.00 0.00
	0418 041825	1	99397 25		341.00	0.00	0.00	0.00	PR-276	341.00 0.00
	0418 041825	1	99497 33		132.00	0.00	0.00	0.00	OA-23	132.00 0.00
	0418 041825	1	G2211		25.00	0.00	0.00	0.00	CO-276	25.00 0.00
	0418 041825	1	G0136 33		34.80	0.00	0.00	0.00	OA-23	34.80 0.00
	0418 041825	1	36415		20.00	0.00	0.00	0.00	OA-23	20.00 0.00
	0418 041825	1	G0444 XU		91.00	0.00	0.00	0.00	OA-23	91.00 0.00
	0418 041825	1	G0442 XU		43.00	0.00	0.00	0.00	OA-23	43.00 0.00
	0418 041825	1	G0447 XU		50.00	0.00	0.00	0.00	OA-23	50.00 0.00
	0418 041825	1	G0557		94.10	47.05	0.00	0.00	OA-23	47.05 47.05
	0418 041825	1	G0446 XU		30.00	0.00	0.00	0.00	OA-23	30.00 0.00
	0418 041825	1	G9622		0.00	0.00	0.00	0.00		0.00 0.00
	0418 041825	1	1036F		0.00	0.00	0.00	0.00		0.00 0.00
	0418 041825	1	2000F		0.00	0.00	0.00	0.00		0.00 0.00
PT RESP	341.00		CLAIM TOTALS		1221.90	47.05	0.00	0.00		1174.85 47.05
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 47.05
STATUS CODE 2: Processed as Secondary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	1.16

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	1221.90	47.05	0.00	0.00	1174.85	45.89	1.16	45.89

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-276 Services denied by the prior payer(s) are not covered by this payer.
OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments
PR-276 Services denied by the prior payer(s) are not covered by this payer.

