

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: 2025-03-11
EFT #: 1179187855
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	DYKSTRA, GIL J				HIC 0003256779	ACNT 4879LMD642				ICN 25052125453	ASG Y MOA	
1306898036	0219	021925	1	99396			327.00	134.84	0.00	0.00	CO-45	192.16 134.84
1306898036	0219	021925	1	G0442 XU			30.00	21.90	0.00	0.00	CO-45	8.10 21.90
1306898036	0219	021925	1	G0444 XU 33			29.45	0.00	0.00	0.00	CO-97	29.45 0.00
					REM: N19							
1306898036	0219	021925	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	1	G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	1	G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		386.45	156.74	0.00	0.00		229.71 156.74
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 156.74
PLAN TYPE:	40047MI0010002											
STATUS CODE 1:	Processed as Primary											

PROVIDER ADJ DETAILS: PLB REASON CODE FCN/OTHER IDENTIFIER HIC AMOUNT
Claim transmission fee amount (AH) 1179187855 3.12

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	386.45	156.74	0.00	0.00	229.71	153.62	3.12	153.62

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
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
N19 Procedure code incidental to primary procedure.

