

MERIDIAN HEALTH PLAN OF MICHIGAN []
 MEDICARE-MEDICAID PLAN
 FARMINGTON, MO 63640
 (800)225-2573

REMITTANCE
 ADVICE

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

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-05-08
 EFT #: 668158636
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HYDE, QUINCY D		HIC 0037083502	ACNT	5966LMD642			ICN Y121MIE00144	ASG Y	MOA	
1306898036	0421 042125	1 99213 25			146.00	82.19	0.00	0.00	CO-45	63.81 10.26
1306898036	0421 042125	1 G2211			25.00	0.00	0.00	0.00	OA-23	71.93
			REM: N448						CO-96	25.00 0.00
1306898036	0421 042125	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0421 042125	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0421 042125	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0421 042125	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0421 042125	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0421 042125	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS			171.00	82.19	0.00	0.00		160.74 10.26
ADJ TO TOTAL: PREV PD		INTEREST			0.00		LATE FILING CHARGE		0.00	NET 10.26
STATUS CODE 2: Processed as Secondary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Forwarding Balance (FB)	5733LMD642		3.13
	Adjustment (CS)	ZELIS	TRANSACTION FEE	0.18

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	171.00	82.19	0.00	0.00	160.74	6.95	3.31	6.95

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 CO-96 Non-covered charge(s).
 N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

