TIMOTHY TOBOLIC MD 7740 BYRON CENTER AVE

SUITE 202

Byron Center, MI 49315

NPI #: 1982923660 PAGE #: 1 of 1 DATE: 2025-05-22 EFT #: 674794907 TAX ID #: 272620668

REND PROV SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	ďΤ	PROV PD
NAME MCCLUNG, MONICA	ні	C 732081	.097 AC	NT 5768LMD64	:2	ICN 33	3A4822501	1373600 AS	Y MOA	
INSURED NAME: MCCLUNG,	PAUL J.									
0409 040925	1	99214		219.00	127.02	0.00	0.00	CO-45	91.98	97.02
								PR-3	30.00	
0409 040925	1	G0447		0.00	0.00	0.00	0.00			0.00
0409 040925	1	99401		0.00	0.00	0.00	0.00			0.00
0409 040925	1	99406		23.00	13.34	0.00	0.00	CO-45	9.66	13.34
0409 040925	1	3074F		0.00	0.00	0.00	0.00			0.00
0409 040925	1	3079F		0.00	0.00	0.00	0.00			0.00
0409 040925	1	3008F		0.00	0.00	0.00	0.00			0.00
0409 040925	1	2001F		0.00	0.00	0.00	0.00			0.00
PT RESP 30.00		CLAIM I	'OTALS	242.00	140.36	0.00	0.00		131.64	110.36
ADJ TO TOTAL: PREV PD			INTEREST	0.00	LATE	FILING C	HARGE	0.00	NET	110.36

STATUS CODE 1: Processed as Primary

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

TRANSACTION 2.73

FEE

TOTALS: ALLOWED # OF BILLED DEDUCT COINS TOTAL. PROV PD PROV CHECK CLAIMS ADJ AMT AMT AMT AMT AMT AMT RC-AMT AMT 0.00 107.63 1 242.00 140.36 0.00 131.64 107.63 2.73

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

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

PR-3 Co-payment Amount