

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: 2025-05-22
 EFT #: 675899459
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BAKER, CHARLES			HIC 1226533136	ACNT 6372LMD642	ICN Y134MIE21381			ASG Y	MOA		
1013940584	1108	110824	1	90656		35.00	23.47	0.00	0.00	CO-45	23.47
1013940584	1108	110824	1	90472		27.74	0.00	0.00	0.00	CO-107	0.00
PT RESP 0.00						CLAIM TOTALS	62.74	23.47	0.00	0.00	23.47
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	23.47
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	0.58

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	62.74	23.47	0.00	0.00	39.27	22.89	0.58	22.89

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

CO-107 Claim / service adjusted because the related or qualifying claim / service was not identified on this claim.

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

N122 Add-on code cannot be billed by itself.

