

MERIDIAN HEALTH PLAN OF MICHIGAN, INC. []
P.O. BOX 31370
TAMPA, FL 33631
(000)000-0000

REMITTANCE
ADVICE

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

NPI #: 1013940584
PAGE #: 1 of 1
DATE: 2025-05-05
EFT #: 665663071
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 25929296	ACNT 5966LMD642				ICN 3159673452		ASG Y MOA	
1306898036	0421 042125	1 99213 25			146.00	89.91	0.00	17.98	CO-45 56.09	70.49
									PI-253 1.44	
1306898036	0421 042125	1 G2211			25.00	16.02	0.00	0.00	CO-45 8.98	15.70
									PI-253 0.32	
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	17.98	CLAIM TOTALS			171.00	105.93	0.00	17.98		86.19
ADJ TO TOTAL: PREV PD		INTEREST			0.00		LATE FILING CHARGE		0.00 NET	86.19
STATUS CODE 1: Processed as Primary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	2.13

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	105.93	0.00	17.98	66.83	84.06	2.13	84.06

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
PI-253 Sequestration - reduction in federal spending
PR-2 Coinsurance Amount

