

Insight Benefit Administrators LLC []  
 3033 Orchard Vista Dr. S.E.  
 Grand Rapids, MI 49546  
 (000)000-0000

REMITTANCE  
 ADVICE

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

NPI #: 1013940584  
 PAGE #: 1 of 1  
 DATE: 2025-04-18  
 EFT #: 656379766  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BOUMA, PAUL			HIC 97100006290	ACNT 5499LMD642	ICN 202503290154		ASG Y	MOA			
272620668	0327	032725	99396	25	327.00	189.66	0.00	0.00	CO-45	137.34	189.66
272620668	0327	032725	99213	25	146.00	84.68	0.00	0.00	CO-45	61.32	54.68
									PR-3	30.00	
272620668	0327	032725	96127	XU	40.00	23.20	0.00	0.00	CO-45	16.80	23.20
272620668	0327	032725	96160	XU	15.00	8.70	0.00	0.00	CO-45	6.30	8.70
272620668	0327	032725	G0136	33	34.80	0.00	0.00	0.00	CO-16	34.80	0.00
272620668	0327	032725	G8417		0.00	0.00	0.00	0.00			0.00
272620668	0327	032725	3075F		0.00	0.00	0.00	0.00			0.00
272620668	0327	032725	3078F		0.00	0.00	0.00	0.00			0.00
272620668	0327	032725	G9621		0.00	0.00	0.00	0.00			0.00
272620668	0327	032725	G8510		0.00	0.00	0.00	0.00			0.00
PT RESP	30.00		CLAIM TOTALS		562.80	306.24	0.00	0.00		286.56	276.24
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE		0.00	NET	276.24
STATUS CODE 1: Processed as Primary											

NAME NINK, KRIS			HIC 97100006551	ACNT 5651LMD642	ICN 202504050178		ASG Y	MOA			
272620668	0404	040425	99396	25	327.00	189.66	0.00	0.00	CO-45	137.34	189.66
272620668	0404	040425	G0136	33	34.80	20.18	0.00	0.00	CO-45	14.62	20.18
272620668	0404	040425	96127	XU	40.00	23.20	0.00	0.00	CO-45	16.80	23.20
272620668	0404	040425	96160	XU	5.30	3.07	0.00	0.00	CO-45	2.23	3.07
272620668	0404	040425	3074F		0.00	0.00	0.00	0.00			0.00
272620668	0404	040425	3078F		0.00	0.00	0.00	0.00			0.00
272620668	0404	040425	G8420		0.00	0.00	0.00	0.00			0.00
272620668	0404	040425	G9622		0.00	0.00	0.00	0.00			0.00
272620668	0404	040425	G8431		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		407.10	236.11	0.00	0.00		170.99	236.11
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE		0.00	NET	236.11
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	12.66

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	969.90	542.35	0.00	0.00	457.55	499.69	12.66	499.69

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

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.  
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
 PR-3 Co-payment Amount

