

ASR Health Benefits []  
PO Box 6392  
Grand Rapids, MI 49516  
(000)000-0000

REMITTANCE  
ADVICE

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

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-05-19  
EFT #: 671648306  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	VANWAGNER, BRANDON		HIC	P0431201		ACNT	6139LMD642		ICN	6348574301		ASG Y MOA
	0219	021925	11	1	99396	25	327.00	153.16	0.00	0.00	CO-45	173.84 153.16
	0219	021925	11	1	G0136	33	65.00	48.75	0.00	0.00	CO-45	16.25 48.75
	0219	021925	11	1	36415		20.00	4.30	0.00	0.00	CO-45	15.70 4.30
	0219	021925	11	1	G0442	XU	30.00	25.91	0.00	0.00	CO-45	4.09 25.91
	0219	021925	11	1	G0444	XU	29.45	25.91	0.00	0.00	CO-45	3.54 25.91
	0219	021925	11	1	G0447	XU	65.00	37.09	0.00	0.00	CO-45	27.91 37.09
	0219	021925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
	0219	021925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
	0219	021925	11	1	G9621		0.00	0.00	0.00	0.00		0.00
	0219	021925	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS				536.45	295.12	0.00	0.00		241.33 295.12
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 295.12
PLAN TYPE: AS1												
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	7.29

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	536.45	295.12	0.00	0.00	241.33	287.83	7.29	287.83

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

