TOBOLIC TIMOTHY MD 7740 BYRON CENTER AVE

STE 202

BYRON CENTER, MI 49315

NPI #: 1982923660 PAGE #: 1 of 1 DATE: 2025-06-13 EFT #: 1194021627 TAX ID #: 272620668

REND PROV SE	RV DATE	POS	NOS	PROC	MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AI	ſΤ	PROV PD
NAME VISSER,	JOSHUA R		HIC	10270	144632	ACNT	6704LMD64	2	ICN 2	5155128628	ASG	Y MOA	
1013940584 05	30 053025		1	99215	25		295.00	170.02	0.00	0.00	CO-45	124.98	170.02
1013940584 05	30 053025		1	G0444	XU		29.45	0.00	0.00	0.00	CO-96	29.45	0.00
					REM: N	643							
1013940584 05	30 053025		1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584 05	30 053025		1	G8417			0.00	0.00	0.00	0.00			0.00
1013940584 05	30 053025		1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584 05	30 053025		1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584 05	30 053025		1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584 05	30 053025		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584 05	30 053025		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584 05	30 053025		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584 05	30 053025		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584 05	30 053025		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584 05	30 053025		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS		324.45	170.02	0.00	0.00		154.43	170.02
ADJ TO TOTAL:	PREV PD				INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	170.02
PLAN TYPE: QMXBP8055													

STATUS CODE 1: Processed as Primary

PLB REASON CODE FCN/OTHER IDENTIFIER AMOUNT PROVIDER ADJ DETAILS: HIC 3.38 Claim transmission fee amount (AH) 1194021627

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	324.45	170.02	0.00	0.00	154.43	166.64	3.38	166.64

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

CO-45 CO-96 Non-covered charge(s).

The services billed are considered Not Covered or Non-Covered (NC) in the applicable state fee schedule. N643