

AETNA []  
 1021 REAMS FLEMING BLVD  
 FRANKLIN, TN 37064  
 (000)000-0000

REMITTANCE  
 ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC  
 7740 BYRON CENTER AVE SW  
 STE 202  
 BYRON CENTER, MI 493156929

NPI #: 1982923660  
 PAGE #: 1 of 1  
 DATE: 2025-07-17  
 EFT #: 706477935  
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KONING, DOUGLAS J		HIC	CLI2285751	ACNT	6933LMD642		ICN	286907139	ASG Y MOA	
0612 061225		1	99213 25		146.00	17.13	0.00	0.00	OA-23 128.87	17.13
0612 061225		1	G0446 XU		65.00	0.00	0.00	0.00	OA-23 65.00	0.00
0612 061225		1	G0537		25.00	3.48	0.00	0.00	OA-23 21.52	3.48
0612 061225		1	G0538		20.00	2.89	0.00	0.00	OA-23 17.11	2.89
0612 061225		1	G2211		25.00	3.05	0.00	0.00	OA-23 21.95	3.05
0612 061225		1	1036F		0.00	0.00	0.00	0.00		0.00
0612 061225		1	2000F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS		281.00	26.55	0.00	0.00	254.45	26.55
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00 NET	26.55
STATUS CODE 2: Processed as Secondary										

NAME VANHAITSMA, TERRY J		HIC	CLI6503034	ACNT	7096LMD642		ICN	287166587	ASG Y MOA	
0620 062025		1	G0439		361.00	0.00	0.00	0.00	OA-23 361.00	0.00
0620 062025		1	99497 33		132.00	0.00	0.00	0.00	OA-23 132.00	0.00
0620 062025		1	99397 25		341.00	0.00	0.00	0.00	PR-276 341.00	0.00
0620 062025		1	82043 QW		14.70	0.00	0.00	0.00	OA-23 14.70	0.00
0620 062025		1	82570 QW		17.85	0.00	0.00	0.00	OA-23 17.85	0.00
0620 062025		1	G2211		25.00	0.00	0.00	0.00	CO-276 25.00	0.00
0620 062025		1	G0442 XU		30.00	0.00	0.00	0.00	OA-23 30.00	0.00
0620 062025		1	G0444 XU		29.45	0.00	0.00	0.00	OA-23 29.45	0.00
0620 062025		1	G0136 33		65.00	0.00	0.00	0.00	OA-23 65.00	0.00
0620 062025		1	G9622		0.00	0.00	0.00	0.00		0.00
0620 062025		1	G8510		0.00	0.00	0.00	0.00		0.00
0620 062025		1	G8476		0.00	0.00	0.00	0.00		0.00
0620 062025		1	G8427		0.00	0.00	0.00	0.00		0.00
PT RESP	341.00		CLAIM TOTALS		1016.00	0.00	0.00	0.00	1016.00	0.00
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00 NET	0.00
STATUS CODE 2: Processed as Secondary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	0.66

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	1297.00	26.55	0.00	0.00	1270.45	25.89	0.66	25.89

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
 CO-276 Services denied by the prior payer(s) are not covered by this payer.  
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments  
 PR-276 Services denied by the prior payer(s) are not covered by this payer.

