

AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE []
PO BOX 740819
ATLANTA, GA 303740819
(800)227-7789

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: 2025-05-22
NONPAY #: 11255106210
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME ZOMBERG, BERNADETT			HIC 03169400412		ACNT	5806LMD642	ICN 561432478021			ASG Y	MOA		
INSURED NAME: ZOMBERG, BERNADETTE													
1013940584	0409	040925	11	0	99213		146.00	0.00	0.00	0.00	OA-23	60.37	0.00
											PI-204	85.63	
1013940584	0409	040925	11	0	G2211		25.00	0.00	0.00	0.00	OA-23	9.74	0.00
											PI-204	15.26	
PT RESP		0.00	CLAIM TOTALS				171.00	0.00	0.00	0.00		171.00	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 2: Processed as Secondary													

NAME ADAMS, DOROTHY L				HIC 34543387312		ACNT	5642LMD642		ICN 561522576531		ASG Y	MOA	
1013940584	0214	021425	11	0	G0402		361.00	0.00	0.00	0.00	OA-23	361.00	0.00
1013940584	0214	021425	11	0	G0513		101.00	0.00	0.00	0.00	OA-23	101.00	0.00
1013940584	0214	021425	11	0	G0136 33		34.80	0.00	0.00	0.00	PR-204	34.80	0.00
1013940584	0214	021425	11	0	99397 25		341.00	0.00	0.00	0.00	PR-204	341.00	0.00
1013940584	0214	021425	11	0	G2211		30.52	0.00	0.00	0.00	PR-204	30.52	0.00
1013940584	0214	021425	11	0	G0442 XU		30.00	0.00	0.00	0.00	OA-23	30.00	0.00
1013940584	0214	021425	11	0	G0444 XU		29.45	0.00	0.00	0.00	PR-204	29.45	0.00
1013940584	0214	021425	11	0	G0447 XU		65.00	0.00	0.00	0.00	OA-23	65.00	0.00
1013940584	0214	021425	11	0	99401 33		65.00	0.00	0.00	0.00	PR-204	65.00	0.00
PT RESP		500.77	CLAIM TOTALS				1057.77	0.00	0.00	0.00		1057.77	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 2: Processed as Secondary													

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	2	1228.77	0.00	0.00	0.00	1228.77	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments
PI-204 This service / equipment / drug is not covered under the patient's current benefit plan
PR-204 This service / equipment / drug is not covered under the patient's current benefit plan

