

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: 2025-04-25
EFT #: 659188333
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	BALTUTAT, TERRY				HIC P0223682	ACNT 5678LMD642			ICN 6338713101		ASG Y MOA	
	0402	040225	11	1	99213 25		146.00	89.35	0.00	0.00	CO-45	59.35
											PR-3	56.65
	0402	040225	11	1	10120 RT		244.20	219.50	219.50	0.00	CO-45	30.00
	0402	040225	11	1	3077F		0.00	0.00	0.00	0.00		24.70
	0402	040225	11	1	3079F		0.00	0.00	0.00	0.00		0.00
	0402	040225	11	1	3008F		0.00	0.00	0.00	0.00		0.00
	0402	040225	11	1	2001F		0.00	0.00	0.00	0.00		0.00
	0402	040225	11	1	2000F		0.00	0.00	0.00	0.00		0.00
	0402	040225	11	1	1000F		0.00	0.00	0.00	0.00		0.00
	0402	040225	11	1	1159F		0.00	0.00	0.00	0.00		0.00
	0402	040225	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	249.50				CLAIM TOTALS		390.20	308.85	219.50	0.00		111.35
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	59.35
PLAN TYPE: AS1											NET	
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	1.47

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	390.20	308.85	219.50	0.00	111.35	57.88	1.47	57.88

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
PR-1 Deductible Amount
PR-3 Co-payment Amount

