

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES []
P.O. BOX 30479
LANSING, MI 48909

REMITTANCE
ADVICE

TIMOTHY TOBOLIC, MD, PLLC [CV0012104]
7740 BYRON CENTER AVE SW

TAX ID #: 272620668
PAGE #: 1 of 1
DATE: 2025-08-06
CHECK #: 108871546

BYRON CENTER, MI 493156928

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	STUART, AMANDA L				HIC	0027372476	ACNT	7260LMD642		ICN	322521010029612000	ASG Y MOA MA114 N219
1013940584	0702	070225	11	1	99214	25		219.00	15.42	0.00	0.00	CO-45 8.75 15.42
1013940584	0702	070225	11	1	G2211			25.00	0.00	0.00	0.00	CO-16 194.83 25.00 0.00
PT RESP	0.00							244.00	15.42	0.00	0.00	228.58 15.42
ADJ TO TOTAL: PREV PD								0.00				NET 15.42
STATUS CODE 2: Processed as Secondary												

NAME	TAYLOR, ELIZABETH A				HIC	0089610485	ACNT	7354LMD642		ICN	312519110276483000	ASG Y MOA MA114
1306898036	0709	070925	11	1	99395	25		297.00	0.00	0.00	0.00	CO-24 297.00 0.00
1306898036	0709	070925	11	1	G0136	33		65.00	0.00	0.00	0.00	CO-24 65.00 0.00
1306898036	0709	070925	11	1	G0442	XU		30.00	0.00	0.00	0.00	CO-16 30.00 0.00
1306898036	0709	070925	11	1	G0444	XU		29.45	0.00	0.00	0.00	CO-16 29.45 0.00
1306898036	0709	070925	11	1	36415			20.00	0.00	0.00	0.00	CO-24 20.00 0.00
1306898036	0709	070925	11	1	G8420			0.00	0.00	0.00	0.00	0.00
1306898036	0709	070925	11	1	3074F			0.00	0.00	0.00	0.00	0.00
1306898036	0709	070925	11	1	3078F			0.00	0.00	0.00	0.00	0.00
1306898036	0709	070925	11	1	G8510			0.00	0.00	0.00	0.00	0.00
1306898036	0709	070925	11	1	G9622			0.00	0.00	0.00	0.00	0.00
PT RESP	0.00							441.45	0.00	0.00	0.00	441.45 0.00
ADJ TO TOTAL: PREV PD								0.00				NET 0.00
STATUS CODE 1: Processed as Primary												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	685.45	15.42	0.00	0.00	670.03	15.42	0.00	15.42

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

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

MA114 Missing / incomplete / invalid information on where the services were furnished.

MA125 Per legislation governing this program, payment constitutes payment in full.

N219 Payment based on previous payer's allowed amount.

N442 Payment based on an alternate fee schedule.

N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement

N56 Procedure code billed is not correct / valid for the services billed or the date of service billed.

N65 Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service / provider.

N799 Submitted identifier must be an individual identifier, not group identifier.

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

