TIMOTHY TOBOLIC MD 7740 BYRON CENTER AVE SUITE 202 BYRON CENTER, MI 49315 #: 1982923660 PAGE #: 1 of T DATE: 2025-08-13

NONPAY #: 1224001MI2025081300000651

272620668 TAX ID #:

REND PRO	V SERVI	DATE POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	i	PROV PD
NAME JON	-			1601394	103 ACNT	7264LMD6	42	ICN 2	25028989-01	ASG Y	MOA	
INSURED 1	NAME: JOI	NES, MICHA	EL									
	0702 (070225 11	1	99213		146.00	84.68	84.68	0.00	CO-45	61.32	0.00
PT RESP	84.68	В		CLAIM TO	OTALS	146.00	84.68	84.68	0.00		61.32	0.00
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS C	ODE 1: P1	rocessed a	s Pri	mary								
TOTALS:	# OF	BILLE	:D	ALLOWE	ED DED	UCT	COINS	TOTAL	PROV P	D PR	ov	CHECK
	CLAIMS	AMT		AMT	AM	T	AMT	RC-AMT	AMT	ADJ	AMT	AMT
	1	146.	00	84.	.68 8	4.68	0.00	61.3	32 0.	00 0	.00	0.00

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

CO-45 PR-1 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

Deductible Amount