

AETNA []
151 FARMINGTON AVENUE
HARTFORD, CT 06156
(000)000-0000

REMITTANCE
ADVICE

TOBOLIC, TIMOTHY J [355706410]
7740 BYRON CENTER AVE SW STE 202

BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-08-20
NONPAY #: 925232000334108
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME HENDRIKSEN, DONALD R	HIC W258888485	ACNT 7988LMD642								ICN E4Y2NDV2S0000	ASG Y	MOA MA15	
1982923660	0812	081225	11	1	99212		87.00	55.15	55.15	0.00	PR-45	31.85	0.00
					REM: N830								
1982923660	0812	081225	11	1	3008F		0.00	0.00	0.00	0.00			0.00
					REM: N830								
1982923660	0812	081225	11	1	2001F		0.00	0.00	0.00	0.00			0.00
					REM: N830								
1982923660	0812	081225	11	1	2000F		0.00	0.00	0.00	0.00			0.00
					REM: N830								
1982923660	0812	081225	11	1	1160F		0.00	0.00	0.00	0.00			0.00
					REM: N830								
1982923660	0812	081225	11	1	1159F		0.00	0.00	0.00	0.00			0.00
					REM: N830								
PT RESP	87.00				CLAIM TOTALS		87.00	55.15	55.15	0.00		31.85	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: AETNA OPEN ACCESS					MANAGED CHOICE								
STATUS CODE 1: Processed as Primary													

NAME HENDRIKSEN, DONALD R	HIC W258888485	ACNT 7988LMD642								ICN E4Y2NDV2S0001	ASG Y	MOA MA15	
1982923660	0812	081225	11	1	1000F		0.00	0.00	0.00	0.00			0.00
					REM: N830								
PT RESP	0.00				CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: AETNA OPEN ACCESS					MANAGED CHOICE								
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	87.00	55.15	55.15	0.00	31.85	0.00	0.00	0.00

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

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

N830 Alert: The charge[s] for this service was processed in accordance with Federal/ State, Balance Billing/ No Surprise Billing regulations. As such, any amount identified with OA, CO, or PI cannot be collected from the member and may be considered provider liability or be billable to a subsequent payer. Any amount the provider collected over the identified PR amount must be refunded to the patient within applicable Federal/State timeframes. Payment amounts are eligible for dispute pursuant to any Federal/State documented appeal/grievance process(es).

PR-1 Deductible Amount

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

