

OMAHA SUPPLEMENTAL INSURANCE COMPANY []  
 3300 MUTUAL OF OMAHA PLZ  
 OMAHA, NE 681751004  
 (000)000-0000

REMITTANCE  
 ADVICE

TIMOTHY J TOBOLIC MD PL [0006598733]  
 STE 202  
 7740 BYRON CENTER AVE  
 BYRON CENTER, MI 49315

NPI #: 1982923660  
 PAGE #: 1 of 1  
 DATE: 2025-04-03  
 EFT #: 648075451  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	MOA
NAME DYKSTRA, DEBORAH				HIC 48661096L	ACNT 5194LMD642				ICN 586265098300-015/20250328MIBA1506	ASG Y		
1013940584	0311	031125	11	G0439		361.00	0.00	0.00	0.00	OA-23	361.00	0.00
1013940584	0311	031125	11	99215 25		295.00	33.97	0.00	0.00	OA-23	261.03	33.97
1013940584	0311	031125	11	99406		27.06	0.00	0.00	0.00	OA-23	27.06	0.00
1013940584	0311	031125	11	36415		20.00	0.00	0.00	0.00	OA-23	20.00	0.00
1013940584	0311	031125	11	82043 QW		14.70	0.00	0.00	0.00	OA-23	14.70	0.00
1013940584	0311	031125	11	82570 QW		17.85	0.00	0.00	0.00	OA-23	17.85	0.00
1013940584	0311	031125	11	G0442 XU		30.00	0.00	0.00	0.00	OA-23	30.00	0.00
1013940584	0311	031125	11	G2211		25.00	3.05	0.00	0.00	OA-23	21.95	3.05
1013940584	0311	031125	11	G9621		0.00	0.00	0.00	0.00			0.00
1013940584	0311	031125	11	G8510		0.00	0.00	0.00	0.00			0.00
PT RESP		0.00		CLAIM TOTALS		790.61	37.02	0.00	0.00		753.59	37.02
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET	37.02
STATUS CODE 2: Processed as Secondary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	0.91

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	790.61	37.02	0.00	0.00	753.59	36.11	0.91	36.11

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

