

UMR []
 115 W Wausau Ave
 Wausau, WI 54401
 (000)000-0000

REMITTANCE
 ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
 STE 202
 7740 BYRON CENTER AVE SW
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-06-25
 EFT #: 692277166
 TAX ID #: 272620668

| REND | PROV | SERV DATE | POS NOS | PROC | MODS | BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AMT | PROV PD |
|-------------------------------------|--------------------|-----------|--------------|--------------|------------|----------|---------|--------------------|-------|------------|---------|
| NAME | IGLEHART, JULIETTE | | HIC 43545110 | ACNT | 6754LMD642 | | | ICN 25157201175 | ASG Y | MOA | |
| INSURED NAME: IGLEHART, TIMOTHY | | | | | | | | | | | |
| 1306898036 | 0603 | 060325 | 11 | 99392 | | 256.00 | 109.24 | 0.00 | 0.00 | CO-45 | 109.24 |
| PT RESP | 0.00 | | | CLAIM TOTALS | | 256.00 | 109.24 | 0.00 | 0.00 | | 109.24 |
| ADJ TO TOTAL: PREV PD | | | | | | INTEREST | 0.00 | LATE FILING CHARGE | | 0.00 | 109.24 |
| STATUS CODE 1: Processed as Primary | | | | | | | | | | | |

| PROVIDER ADJ DETAILS: | PLB REASON CODE | FCN/OTHER IDENTIFIER | HIC TRANSACTION | AMOUNT |
|-----------------------|-----------------|----------------------|-----------------|--------|
| Adjustment (CS) | ZELIS | | FEE | 2.70 |

| TOTALS: | # OF CLAIMS | BILLED AMT | ALLOWED AMT | DEDUCT AMT | COINS AMT | TOTAL RC-AMT | PROV PD AMT | PROV ADJ AMT | CHECK AMT |
|---------|-------------|------------|-------------|------------|-----------|--------------|-------------|--------------|-----------|
| | 1 | 256.00 | 109.24 | 0.00 | 0.00 | 146.76 | 106.54 | 2.70 | 106.54 |

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

