

UNITED OF OMAHA LIFE 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: 2025-06-19
 EFT #: 691007654
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	MOA
NAME LAWSON, NINA M				HIC 44697988H	ACNT 6618LMD642				ICN 586394139400-001/20250612MIBAl145	ASG Y		
1306898036	0523	052325	11	G0439		361.00	0.00	0.00	0.00	OA-23	361.00	0.00
1306898036	0523	052325	11	G0136 XU		65.00	17.40	0.00	0.00	OA-23	47.60	17.40
1306898036	0523	052325	11	99497		132.00	77.66	0.00	0.00	OA-23	54.34	77.66
1306898036	0523	052325	11	99214 25		241.68	120.84	0.00	0.00	OA-23	120.84	120.84
1306898036	0523	052325	11	G0557		94.10	42.29	0.00	0.00	OA-23	51.81	42.29
1306898036	0523	052325	11	G0444 XU		91.00	0.00	0.00	0.00	OA-23	91.00	0.00
1306898036	0523	052325	11	G0442 XU		43.00	0.00	0.00	0.00	OA-23	43.00	0.00
1306898036	0523	052325	11	36415		20.00	0.00	0.00	0.00	OA-23	20.00	0.00
1306898036	0523	052325	11	G2211		25.00	3.05	0.00	0.00	OA-23	21.95	3.05
1306898036	0523	052325	11	G8510		0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	0513F		0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	2000F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM TOTALS		1072.78	261.24	0.00	0.00		811.54	261.24
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET	261.24
STATUS CODE 2: Processed as Secondary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Adjustment (CS)	ZELIS		TRANSACTION FEE	6.45

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	1072.78	261.24	0.00	0.00	811.54	254.79	6.45	254.79

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

