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

BYRON CENTER, MI 493156929

NPI #: 1982923660

PAGE #: 1 of 2

DATE: 2025-06-02

EFT #: 825148000265649

TAX ID #: 272620668

NAME ONG LINNA J	REND PROV SE	RV DATE	POS	NOS	PROC	C MODS	3	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	4T	PROV PD
1982923660 0505 050525 11 1 3078F	NAME ONG LIN	т		штс	1 W2238	221410	A C'NIT	6176TMD64	2	TCN I	~ A TVNIKWC40	000 250	V MOA	Ma15
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1982923660 0505 050525 11 1 3078F						23								
1982923660 0505 050525 11 1 3074F												CO-43	0.22	
1982923660 0505 050525 11 1 G9622 0.00 0.00 0.00 0.00 0.00 1.00 0.00 0.														
1982923660 0505 050525 11 1 68510 0.00 0.00 0.00 0.00 0.00 122.82 224.18 ADJ TO TOTAL: PREV PD 1 INTEREST 0.00 124.18 0.00 0.00 0.00 122.82 224.18 ADJ TO TOTAL: PREV PD 1 INTEREST 0.00 124.18 0.00 0.00 0.00 122.82 224.18 ADJ TO TOTAL: PREV PD 1 INTEREST 0.00 124.18 0.00 0.00 0.00 122.82 224.18 ADJ TO TOTAL: PREV PD 1 INTEREST 0.00 124.18 0.00 0.00 0.00 0.00 122.82 224.18 ADJ TO TOTAL: PREV PD 1 INTEREST 0.00 124.18 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0														
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PLAN TYPE: AETNA CHOICE POS II NET 04633 STATUS CODE 1: Processed as Primary NAME ONG, LINDA J 1 (10 W223881410 ACM 6176LMD642 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.					CHAIM		FCT					0 00		
NAME ONG, LINDA J HIC W223881410 ACM 6176LMD642 ICM EATYNKWC40001 ASG Y MOA MA15 1892923660 0505 050525 11 1 G04417 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.			F D	ng TT	NET (CESI	0.00	HAIL	LIDING	CHARGE	0.00	MET	224.10
1982923660 0505 050525 11 1 0447 XU 65.00 39.73 0.00 0.00 0.00 0-45 2.57 39.73 1982923660 0505 050525 11 1 0444 XU 29.45 27.89 0.00 0.00 0-45 2.57 39.78 1982923660 0505 050525 11 1 0442 XU 30.00 28.40 0.00 0.00 0-45 2.15 27.89 1982923660 0505 050525 11 1 0442 XU 30.00 28.40 0.00 0.00 0-45 2.15 27.89 1982923660 0505 050525 11 1 05045 33 65.00 28.40 0.00 0.00 0-45 36.60 3.40 PT RESP 25.00 CLAIM TOTALS 189.45 123.91 0.00 0.00 0-45 36.60 3.40 PT RESP 25.00 CLAIM TOTALS 189.45 123.91 0.00 0.00 0.00 0.00 90.54 98.91 PLAN TYPE: AETNA CHOICE POS II NET 04633 0.00 1.4TE FILING CHARGE 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.						71033								
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PLAN TYPE: AFTNA CHOICE POS II NET 04633 STATUS CODE 1: PROCessed as Primary MAME SCHUMAKER, KENDRA S 1982923660 0409 040925 11 1 99213 25 146.00 114.77 114.77 0.00 CO-45 31.23 0.00 1982923660 0409 040925 11 1 3078F 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 3078F 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 3078F 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 3078F 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 2010F 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 2010F 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 2010F 0.00 114.77 114.77 0.00 31.23 0.00 1982923660 0409 040925 11 1 2010F 0.00 114.77 114.77 0.00 31.23 0.00 200 200 200 200 200 200 200 200 200 2					C		REST					0.00		
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NAME SCHUMAKER, KENDRA S HIC W023747187 ACNT 6430LMD642 ICN EC37NNZH80000 ASG Y MOA MA15 1982923660 0409 040925 1						. 1000								
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1982923660 0409 040925 11 1 3078F	NAME SCHUMAKE	R, KENDRA	s	HIC	W0237	747187	ACNT	6430LMD642	2	ICN I	EC37NNZH80	000 ASG	Y MOA	MA15
1982923660 0409 040925 11 1 3074F	1982923660 04	09 040925	11	1	99213	25		146.00	114.77	114.77	0.00	CO-45	31.23	0.00
1982923660 0409 040925 11 1 2010F 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 2010F 0.00 0.00 0.00 0.00 0.00 0.00 PT RESP 114.77 CLAIM TOTALS 146.00 114.77 114.77 0.00 31.23 0.00 PLAN TYPE: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633 STATUS CODE 1: Processed as Primary NAME SCHUMAKER, KENDRA S HIC W023747187 ACMT 6430LMD642 1000 0.00 0.00 0.00 0.00 0.00 0.00 0.0	1982923660 04	09 040925	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1982923660 0409 040925 11 1 200F 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1982923660 04	09 040925	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1982923660 0409 040925 11 1 2001F	1982923660 04	09 040925	11	1	3008F			0.00	0.00	0.00	0.00			0.00
PT RESP	1982923660 04	09 040925	11	1	2010F			0.00	0.00	0.00	0.00			0.00
ADJ TO TOTAL: PREV PD	1982923660 04	09 040925	11	1	2001F			0.00	0.00	0.00	0.00			0.00
PLAN TYPE: AETNA HEALTHFUND STATUS CODE 1: Processed as Primary NAME SCHUMAKER, KENDRA S HIC W023747187 ACNT 6430LMD642 ICN EC37NNZH80001 ASG Y MOA MA15	PT RESP 11	4.77			CLAIM	TOTALS		146.00	114.77	114.77	0.00		31.23	0.00
PLAN TYPE: AETNA HEALTHFUND STATUS CODE 1: Processed as Primary NAME SCHUMAKER, KENDRA S HIC W023747187 ACNT 6430LMD642 ICN EC37NNZH80001 ASG Y MOA MA15	ADJ TO TOTAL:	PREV PD				INTER	REST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
NAME SCHUMAKER, KENDRA S HIC W023747187 ACNT 6430LMD642 ICN EC37NNZH80001 ASG Y MOA MA15 1982923660 0409 040925 11 1 2000F 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 1220F 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 1160F 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 1159F 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 1003F 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 1003F 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 1003F 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 1 G8510 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 1 G8510 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 1 G8510 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 1 G8510 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 G8510 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 G8510 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 G8510 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 G8411 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 G9211 30.52 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 G0447 XU 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 G0447 XU 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 G0447 XU 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0			HFUNI) AE	TNA CI	HOICE E	os II	NET 04633						
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1982923660 0409 040925 11 1 1220F	NAME SCHUMAKE	R, KENDRA	s	HIC	: W0237	747187	ACNT	6430LMD642	2	ICN I	EC37NNZH80	001 ASG	Y MOA	MA15
1982923660 0409 040925 11 1 1160F	1982923660 04	09 040925	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1982923660 0409 040925 11 1 1003F	1982923660 04	09 040925	11	1	1220F			0.00	0.00	0.00	0.00			0.00
1982923660 0409 040925 11 1 1003F	1982923660 04	09 040925	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1982923660 0409 040925 11	1982923660 04	09 040925	11	1	1159F			0.00	0.00	0.00	0.00			0.00
PT RESP 0.00 CLAIM TOTALS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	1982923660 04	09 040925	11	1	1003F			0.00	0.00	0.00	0.00			0.00
ADJ TO TOTAL: PREV PD	1982923660 04	09 040925	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PLAN TYPE: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633 STATUS CODE 1: Processed as Primary NAME SCHUMAKER, KENDRA S HIC W023747187 ACNT 6430LMD642 ICN EC37NNZH80002 ASG Y MOA MA15 1982923660 0409 040925 11 1 G8431 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 G2211 30.52 0.00 0.00 0.00 CO-97 30.52 0.00 REM: N19 1982923660 0409 040925 11 1 G0447 XU 0.00 0.00 0.00 0.00 0.00 CO-97 29.45 0.00 1982923660 0409 040925 11 1 G0444 XU 29.45 0.00 0.00 0.00 CO-97 29.45 0.00 PT RESP 0.00 CLAIM TOTALS 59.97 0.00 0.00 0.00 59.97 0.00 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00 PLAN TYPE: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633	PT RESP	0.00			CLAIM	TOTALS		0.00	0.00	0.00	0.00		0.00	0.00
STATUS CODE 1: Processed as Primary NAME SCHUMAKER, KENDRA S HIC W023747187 ACNT 6430LMD642 ICN EC37NNZH80002 ASG Y MOA MA15 1982923660 0409 040925 11 1 G8431 0.00 0.00 0.00 0.00 0.00 CO-97 30.52 0.00 1982923660 0409 040925 11 1 G2211 30.52 0.00 0.00 0.00 CO-97 30.52 0.00 REM: N19 1982923660 0409 040925 11 1 G0447 XU 0.00 0.00 0.00 0.00 0.00 CO-97 29.45 0.00 1982923660 0409 040925 11 1 G0444 XU 29.45 0.00 0.00 0.00 CO-97 29.45 0.00 PT RESP 0.00 EM: N19 PT RESP 0.00 CLAIM TOTALS 59.97 0.00 0.00 0.00 0.00 59.97 0.00 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00 PLAN TYPE: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633	ADJ TO TOTAL:	PREV PD				INTER	REST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
NAME SCHUMAKER, KENDRA S HIC W023747187 ACNT 6430LMD642 ICN EC37NNZH80002 ASG Y MOA MA15 1982923660 0409 040925 11 1 G8431 0.00 0.00 0.00 0.00 0.00 CO-97 30.52 0.00 1982923660 0409 040925 11 1 G0447 XU 0.00 0.00 0.00 0.00 CO-97 30.52 0.00 1982923660 0409 040925 11 1 G0447 XU 0.00 0.00 0.00 0.00 CO-97 29.45 0.00 1982923660 0409 040925 11 1 G0444 XU 29.45 0.00 0.00 0.00 CO-97 29.45 0.00 PT RESP 0.00 EM: N19 TRESP 0.00 CLAIM TOTALS 59.97 0.00 0.00 0.00 0.00 59.97 0.00 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00 PLAN TYPE: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633	PLAN TYPE: AE	TNA HEALT	HFUNI) AE	TNA CI	HOICE I	OS II	NET 04633						
1982923660 0409 040925 11 1 G8431 0.00 0.00 0.00 0.00 0.00 CO-97 30.52 0.00 REM: N19 1982923660 0409 040925 11 1 G0447 XU 0.00 0.00 0.00 0.00 CO-97 30.52 0.00 1982923660 0409 040925 11 1 G0447 XU 0.00 0.00 0.00 0.00 CO-97 29.45 0.00 1982923660 0409 040925 11 1 G0444 XU 29.45 0.00 0.00 0.00 CO-97 29.45 0.00 REM: N19 PT RESP 0.00 CLAIM TOTALS 59.97 0.00 0.00 0.00 59.97 0.00 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00 PLAN TYPE: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633	STATUS CODE 1	: Process	ed as	s Pri	mary									
1982923660 0409 040925 11 1 G2211 30.52 0.00 0.00 0.00 CO-97 30.52 0.00 REM: N19 1982923660 0409 040925 11 1 G0447 XU 0.00 0.00 0.00 0.00 0.00 CO-97 29.45 0.00 1982923660 0409 040925 11 1 G0444 XU 29.45 0.00 0.00 0.00 CO-97 29.45 0.00 PT RESP 0.00 CLAIM TOTALS 59.97 0.00 0.00 0.00 59.97 0.00 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00 PLAN TYPE: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633	NAME SCHUMAKE	R, KENDRA	s	HIC	: W0237	747187	ACNT	6430LMD642	2	ICN I	EC37NNZH80	002 ASG	Y MOA	MA15
REM: N19 1982923660 0409 040925 11	1982923660 04	09 040925	11	1	G8431			0.00	0.00	0.00	0.00			0.00
1982923660 0409 040925 11 1 G0447 XU 0.00 0.00 0.00 0.00 0.00 0.00 1982923660 0409 040925 11 1 G0444 XU 29.45 0.00 0.00 0.00 0.00 CO-97 29.45 0.00 PLAN TYPE: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633	1982923660 04	09 040925	11	1	G2211			30.52	0.00	0.00	0.00	CO-97	30.52	0.00
1982923660 0409 040925 11						REM: N	119							
REM: N19 PT RESP 0.00 CLAIM TOTALS 59.97 0.00 0.00 0.00 59.97 0.00 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00 PLAN TYPE: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633	1982923660 04	09 040925	11	1	G0447	XU		0.00	0.00	0.00	0.00			0.00
REM: N19 PT RESP 0.00 CLAIM TOTALS 59.97 0.00 0.00 0.00 59.97 0.00 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00 PLAN TYPE: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633	1982923660 04	09 040925	11	1	G0444	XU		29.45	0.00	0.00	0.00	CO-97	29.45	0.00
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00 PLAN TYPE: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633						REM: N	119							
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00 PLAN TYPE: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633	PT RESP	0.00			CLAIM	TOTALS		59.97	0.00	0.00	0.00		59.97	0.00
PLAN TYPE: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633	ADJ TO TOTAL:	PREV PD				INTER	REST	0.00	LATE	FILING	CHARGE	0.00		0.00
	PLAN TYPE: AE	TNA HEALT	HFUNI	O AE	TNA CI	HOICE E	os II	NET 04633						
	STATUS CODE 1	: Process	ed as	s Pri	mary									



REMITTANCE AETNA

NPI #: 1982923660 TOBOLIC, TIMOTHY J [355706410] ADVICE 825148000265649 PAGE #: 2 of 2 EFT #: DATE: 2025-06-02

REND PROV SERV DATE PO	s nos proc	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT		PROV PD
NAME BULTMAN, CHRISTOPHER	A HIC W2562	11676 ACNT	6601LMD64	2	ICN E2	2FDL190N00	00 ASG Y	MOA MA	15
1982923660 0521 052125 11	1 99401	25	65.00	0.00	0.00	0.00	CO-97	65.00	0.00
		REM: N20							
1982923660 0521 052125 11	1 99213	25	146.00	114.77	114.77	0.00	CO-45	31.23	0.00
1982923660 0521 052125 11	1 3008F		0.00	0.00	0.00	0.00			0.00
1982923660 0521 052125 11	1 2001F		0.00	0.00	0.00	0.00			0.00
1982923660 0521 052125 11	1 2000F		0.00	0.00	0.00	0.00			0.00
1982923660 0521 052125 11	1 1160F		0.00	0.00	0.00	0.00			0.00
PT RESP 114.77	CLAIM	TOTALS	211.00	114.77	114.77	0.00		96.23	0.00
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE	FILING (CHARGE	0.00	NET	0.00
PLAN TYPE: AETNA HEALTHFU	ND AETNA CH	OICE POS II	NET 04633						

STATUS CODE 1: Processed as Primary

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	6	953.42	577.63	229.54	0.00	400.79	323.09	0.00	323.09

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

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

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

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

N19 Procedure code incidental to primary procedure.

N20 Service not payable with other service rendered on the same date.

PR-1 Deductible Amount PR-3 Co-payment Amount