

AMBETTER []
 7700 FORSYTH
 ST LOUIS, MO 63105
 (800)225-2573

REMITTANCE
 ADVICE

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

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-06-03
 EFT #: 682090017
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME FAVREAU, JULIE			HIC UZ044985801	ACNT	6593LMD642			ICN Y143MPEI4672	ASG Y	MOA	
1013940584	0522	052225	1 99213	25		146.00	85.63	0.00	0.00	CO-45	85.63
1013940584	0522	052225	1 81003			33.60	2.25	0.00	0.56	CO-45	1.69
1013940584	0522	052225	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0522	052225	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0522	052225	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0522	052225	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0522	052225	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0522	052225	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.56		CLAIM TOTALS			179.60	87.88	0.00	0.56		87.32
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	87.32
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	2.16

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	179.60	87.88	0.00	0.56	91.72	85.16	2.16	85.16

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-2 Coinsurance Amount

