

ASR Health Benefits []
PO Box 6392
Grand Rapids, MI 49516
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY TOBOLIC MD PLLC
SUITE 202
7740 BYRON CENTER AVENUE
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-20
EFT #: 638937520
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DEWITT, PAMELA		HIC P0377372		ACNT 4630LMD642		ICN 6315336301		ASG Y MOA		
INSURED NAME: DEWITT, STEVE										
	0204	020425 11	1	99214	219.00	132.98	0.00	0.00	CO-45	132.98
	0204	020425 11	1	3074F	0.00	0.00	0.00	0.00		0.00
	0204	020425 11	1	3078F	0.00	0.00	0.00	0.00		0.00
	0204	020425 11	1	3044F	0.00	0.00	0.00	0.00		0.00
	0204	020425 11	1	82043 QW	14.70	10.74	0.00	0.00	CO-45	10.74
	0204	020425 11	1	82570 QW	17.85	8.88	0.00	0.00	CO-45	8.88
PT RESP	0.00	CLAIM TOTALS			251.55	152.60	0.00	0.00		152.60
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE		0.00	152.60
PLAN TYPE: AS1										
STATUS CODE 1: Processed as Primary										

NAME DEWITT, STEVE		HIC P0377372		ACNT 4724LMD642		ICN 6315421501		ASG Y MOA		
	0207	020725 11	1	99213	146.00	0.00	0.00	0.00	CO-45	0.00
	0207	020725 11	1	90715	87.00	47.83	0.00	0.00	CO-45	47.83
	0207	020725 11	1	90471	41.00	28.66	0.00	0.00	CO-45	28.66
	0207	020725 11	1	3008F	0.00	0.00	0.00	0.00		0.00
	0207	020725 11	1	2001F	0.00	0.00	0.00	0.00		0.00
	0207	020725 11	1	2000F	0.00	0.00	0.00	0.00		0.00
	0207	020725 11	1	1000F	0.00	0.00	0.00	0.00		0.00
	0207	020725 11	1	1159F	0.00	0.00	0.00	0.00		0.00
	0207	020725 11	1	1160F	0.00	0.00	0.00	0.00		0.00
	0207	020725 11	1	3074F	0.00	0.00	0.00	0.00		0.00
	0207	020725 11	1	3078F	0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS			274.00	76.49	0.00	0.00		76.49
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE		0.00	76.49
PLAN TYPE: AS1										
STATUS CODE 1: Processed as Primary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	5.66

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	525.55	229.09	0.00	0.00	296.46	223.43	5.66	223.43

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

