

AETNA []
 151 FARMINGTON AVENUE
 HARTFORD, CT 06156
 (000)000-0000

REMITTANCE
 ADVICE

TOBOLIC, TIMOTHY J [355706410]
 7740 BYRON CENTER AVE SW STE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-04-16
 EFT #: 882510101032121
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WARSEN, PHYLLIS					HIC 101636784700	ACNT 5681LMD642				ICN EFPDMYCS90001	ASG Y MOA	
1013940584	0407	040725	11	1	G0439		361.00	121.85	0.00	0.00	CO-253	2.44 119.41
					REM: N669						CO-45	239.15
1013940584	0407	040725	11	1	G0136	33	34.80	17.40	0.00	0.00	CO-253	0.35 17.05
					REM: N669						CO-45	17.40
1013940584	0407	040725	11	1	99213	25	146.00	85.63	85.63	0.00	CO-45	60.37 0.00
					REM: N669							
1013940584	0407	040725	11	1	36415		20.00	9.09	0.00	0.00	CO-253	0.18 8.91
					REM: N669						CO-45	10.91
1013940584	0407	040725	11	1	G2211		25.00	15.26	15.26	0.00	CO-45	9.74 0.00
					REM: N669							
1013940584	0407	040725	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-253	0.32 15.90
					REM: N669						CO-45	13.78
1013940584	0407	040725	11	1	G0444	XU	29.45	16.22	0.00	0.00	CO-253	0.32 15.90
					REM: N669						CO-45	13.23
1013940584	0407	040725	11	1	G8420		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0407	040725	11	1	3074F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0407	040725	11	1	3078F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0407	040725	11	1	G9621		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0407	040725	11	1	G8510		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	100.89				CLAIM TOTALS		646.25	281.67	100.89	0.00		368.19 177.17
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 177.17
PLAN TYPE: ESA - MEDICARE (AETNA)												
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
	1	646.25	281.67	100.89	0.00	368.19	177.17	0.00	177.17

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-253 Sequestration - reduction in federal spending
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N620 Alert: This procedure code is for quality reporting / informational purposes only.
 N669 Adjusted based on the Medicare fee schedule.
 PR-1 Deductible Amount

