

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 2
DATE: 2025-06-24
EFT #: 882516901012709
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME NUNEZ, ANNE M					HIC 101355520100	ACNT 60361000080				ICN E0PC89MMF0001	ASG Y MOA	
1013940584	0130	013024	11	1	99214		-219.00	0.00	0.00	0.00	CO-253 -1.73	-84.91
					REM: N669						CO-45 -97.36	
											PR-3 -35.00	
1013940584	0130	013024	11	1	G2211		-25.00	0.00	0.00	0.00	CO-97 -25.00	0.00
					REM: N19							
1013940584	0130	013024	11	1	81001		-43.00	0.00	0.00	0.00	CO-253 -0.06	-3.11
					REM: N669						CO-45 -39.83	
1013940584	0130	013024	11	1	83036	QW	-61.00	0.00	0.00	0.00	CO-253 -0.19	-9.52
					REM: N669						CO-45 -51.29	
1013940584	0130	013024	11	1	3008F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0130	013024	11	1	2001F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0130	013024	11	1	2000F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0130	013024	11	1	3074F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0130	013024	11	1	3078F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0130	013024	11	1	G8427		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0130	013024	11	1	1000F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	0.00				CLAIM TOTALS		-348.00	0.00	0.00	0.00	-250.46	-97.54
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	-97.54
PLAN TYPE: PPO - MEDICARE (AETNA)												
STATUS CODE 22: Reversal of Previous Payment												

NAME NUNEZ, ANNE M					HIC 101355520100	ACNT 60361000080				ICN E0PC89MMF0002	ASG Y MOA	
1013940584	0130	013024	11	1	99214		219.00	121.64	0.00	0.00	CO-253 1.73	84.91
					REM: N669						CO-45 97.36	
											PR-3 35.00	
1013940584	0130	013024	11	1	G2211		25.00	15.75	0.00	0.00	CO-253 0.32	15.43
					REM: N669						CO-45 9.25	
1013940584	0130	013024	11	1	81001		43.00	3.17	0.00	0.00	CO-253 0.06	3.11
					REM: N669						CO-45 39.83	
1013940584	0130	013024	11	1	83036	QW	61.00	9.71	0.00	0.00	CO-253 0.19	9.52
					REM: N669						CO-45 51.29	
1013940584	0130	013024	11	1	3008F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0130	013024	11	1	2001F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0130	013024	11	1	2000F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0130	013024	11	1	3074F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0130	013024	11	1	3078F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0130	013024	11	1	G8427		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0130	013024	11	1	1000F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	35.00				CLAIM TOTALS		348.00	150.27	0.00	0.00	235.03	112.97
ADJ TO TOTAL: PREV PD					INTEREST		0.92		LATE FILING CHARGE		0.00	112.97
PLAN TYPE: PPO - MEDICARE (AETNA)												
STATUS CODE 1: Processed as Primary												



AETNA			REMITTANCE	
NPI #:	1982923660	TOBOLIC, TIMOTHY J [355706410]		ADVANCE
EFT #:	882516901012709	PAGE #:	2 of 2	DATE: 2025-06-24

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	KEIL, DONALD L					HIC	101868585100 ACNT	6233200008T			ICN	E3JM9J7MK0000	ASG Y	MOA
1306898036	0207	020724	11	1	99213			-146.00	0.00	0.00	0.00	CO-253	-1.72	-84.36
						REM:	N669					CO-45	-59.92	
1306898036	0207	020724	11	1	G2211			-25.00	0.00	0.00	0.00	CO-97	-25.00	0.00
						REM:	N19							
1306898036	0207	020724	11	1	3008F			0.00	0.00	0.00	0.00			0.00
						REM:	N620							
1306898036	0207	020724	11	1	2001F			0.00	0.00	0.00	0.00			0.00
						REM:	N620							
1306898036	0207	020724	11	1	2000F			0.00	0.00	0.00	0.00			0.00
						REM:	N620							
1306898036	0207	020724	11	1	3075F			0.00	0.00	0.00	0.00			0.00
						REM:	N620							
1306898036	0207	020724	11	1	3078F			0.00	0.00	0.00	0.00			0.00
						REM:	N620							
1306898036	0207	020724	11	1	G8427			0.00	0.00	0.00	0.00			0.00
						REM:	N620							
1306898036	0207	020724	11	1	1000F			0.00	0.00	0.00	0.00			0.00
						REM:	N620							
PT RESP	0.00					CLAIM	TOTALS	-171.00	0.00	0.00	0.00		-86.64	-84.36
ADJ TO TOTAL:	PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	-84.36
PLAN TYPE: PPO - MEDICARE (AETNA)														
STATUS CODE 22: Reversal of Previous Payment														

NAME	KEIL, DONALD L					HIC	101868585100 ACNT	6233200008T			ICN	E3JM9J7MK0001	ASG Y	MOA
1306898036	0207	020724	11	1	99213			146.00	86.08	0.00	0.00	CO-253	1.72	84.36
						REM:	N669					CO-45	59.92	
1306898036	0207	020724	11	1	G2211			25.00	15.75	0.00	0.00	CO-253	0.32	15.43
						REM:	N669					CO-45	9.25	
1306898036	0207	020724	11	1	3008F			0.00	0.00	0.00	0.00			0.00
						REM:	N620							
1306898036	0207	020724	11	1	2001F			0.00	0.00	0.00	0.00			0.00
						REM:	N620							
1306898036	0207	020724	11	1	2000F			0.00	0.00	0.00	0.00			0.00
						REM:	N620							
1306898036	0207	020724	11	1	3075F			0.00	0.00	0.00	0.00			0.00
						REM:	N620							
1306898036	0207	020724	11	1	3078F			0.00	0.00	0.00	0.00			0.00
						REM:	N620							
1306898036	0207	020724	11	1	G8427			0.00	0.00	0.00	0.00			0.00
						REM:	N620							
1306898036	0207	020724	11	1	1000F			0.00	0.00	0.00	0.00			0.00
						REM:	N620							
PT RESP	0.00					CLAIM	TOTALS	171.00	101.83	0.00	0.00		71.21	99.79
ADJ TO TOTAL:	PREV PD					INTEREST		0.91		LATE FILING CHARGE		0.00	NET	99.79
PLAN TYPE: PPO - MEDICARE (AETNA)														
STATUS CODE 1: Processed as Primary														

PROVIDER ADJ DETAILS:		PLB	REASON	CODE	FCN/OTHER	IDENTIFIER	HIC	AMOUNT	
		Interest Owed (L6)						-1.83	
TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	4	0.00	252.10	0.00	0.00	-30.86	32.69	-1.83	32.69

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.

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

N19 Procedure code incidental to primary procedure.

N620 Alert: This procedure code is for quality reporting / informational purposes only.

N669 Adjusted based on the Medicare fee schedule.

PR-3 Co-payment Amount

