

Insight Benefit Administrators LLC-ICL 1113 []
660 Ada Dr SE
Ada, MI 49301
(000)000-0000

REMITTANCE
ADVICE

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

NPI #: 1013940584
PAGE #: 1 of 1
DATE: 2025-05-17
NONPAY #: 674209934
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME NINK, KRIS			HIC 97100006551		ACNT 5762LMD642	ICN 202504110317			ASG Y	MOA	
INSURED NAME: NINK, SEAN J											
272620668	0407	040725	93000			71.00	41.18	41.18	0.00	CO-45	29.82 0.00
PT RESP	41.18		CLAIM TOTALS			71.00	41.18	41.18	0.00		29.82 0.00
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE	0.00		NET	0.00
STATUS CODE 1: Processed as Primary											
TOTALS:		# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT	
		1	71.00	41.18	41.18	0.00	29.82	0.00	0.00	0.00	

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
PR-1 Deductible Amount

