

MERIDIAN HEALTH PLAN OF MICHIGAN []
MEDICARE-MEDICAID PLAN
FARMINGTON, MO 63640
(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: 2025-03-11
EFT #: 635072400
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BAKER, CHARLES			HIC 1226533136		ACNT 5031LMD642		ICN Y059MIE13938		ASG Y		MOA	
1013940584	0227	022725	1	99214	25		219.00	110.16	0.00	0.00	CO-45	110.16
1013940584	0227	022725	1	82043	QW		14.70	4.78	0.00	0.00	CO-45	4.78
1013940584	0227	022725	1	82570	QW		17.85	4.29	0.00	0.00	CO-45	4.29
1013940584	0227	022725	1	81001			43.05	2.62	0.00	0.00	CO-45	2.62
1013940584	0227	022725	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	3061F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS				294.60	121.85	0.00	0.00		121.85
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	121.85
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	3.01

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	294.60	121.85	0.00	0.00	172.75	118.84	3.01	118.84

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

