

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 493156929

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-08-18
EFT #: 825225000449868
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME STICK, TERESA A			HIC W270029662		ACNT 7778LMD642	ICN EHY2P4BZ70000		ASG Y	MOA		
1982923660	0711	071125	10	1 98966		25.00	0.00	0.00	0.00	CO-97	25.00 0.00
PT RESP 0.00						CLAIM TOTALS	25.00	0.00	0.00	0.00	25.00 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: AETNA CHOICE						POS II NET 04633					
STATUS CODE 1: Processed as Primary											

NAME BAKER, WENDY			HIC W286095701		ACNT 7542LMD642	ICN EJPDPWVGJ10000		ASG Y	MOA MA15		
1982923660	0721	072125	11	1 99213		146.00	114.77	0.00	22.95	CO-45	31.23 91.82
1982923660	0721	072125	11	1 3078F		0.00	0.00	0.00	0.00		0.00
1982923660	0721	072125	11	1 3074F		0.00	0.00	0.00	0.00		0.00
1982923660	0721	072125	11	1 3008F		0.00	0.00	0.00	0.00		0.00
1982923660	0721	072125	11	1 2001F		0.00	0.00	0.00	0.00		0.00
1982923660	0721	072125	11	1 2000F		0.00	0.00	0.00	0.00		0.00
PT RESP 22.95						CLAIM TOTALS	146.00	114.77	0.00	22.95	31.23 91.82
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 91.82
PLAN TYPE: AETNA CHOICE						POS II NET 04633					
STATUS CODE 1: Processed as Primary											

NAME STICK, TERESA A			HIC W270029662		ACNT 7780LMD642	ICN EMJNP5T2R0001		ASG Y	MOA MA15		
1982923660	0722	072225	11	1 1160F		0.00	0.00	0.00	0.00		0.00
1982923660	0722	072225	11	1 1159F		0.00	0.00	0.00	0.00		0.00
1982923660	0722	072225	11	1 1000F		0.00	0.00	0.00	0.00		0.00
1982923660	0722	072225	11	1 G8476		0.00	0.00	0.00	0.00		0.00
1982923660	0722	072225	11	1 G8427		0.00	0.00	0.00	0.00		0.00
PT RESP 0.00						CLAIM TOTALS	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: AETNA CHOICE						POS II NET 04633					
STATUS CODE 1: Processed as Primary											

NAME DEPAS, JOHN S			HIC W147338737		ACNT 7886LMD642	ICN EVJNNCXJ30000		ASG Y	MOA MA15		
1982923660	0806	080625	11	1 99214		219.00	162.60	162.60	0.00	CO-45	56.40 0.00
1982923660	0806	080625	11	1 3078F		0.00	0.00	0.00	0.00		0.00
1982923660	0806	080625	11	1 3074F		0.00	0.00	0.00	0.00		0.00
1982923660	0806	080625	11	1 3008F		0.00	0.00	0.00	0.00		0.00
1982923660	0806	080625	11	1 2001F		0.00	0.00	0.00	0.00		0.00
1982923660	0806	080625	11	1 2000F		0.00	0.00	0.00	0.00		0.00
PT RESP 162.60						CLAIM TOTALS	219.00	162.60	162.60	0.00	56.40 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: AETNA HEALTHFUND						AETNA CHOICE	POS II NET 04633				
STATUS CODE 1: Processed as Primary											

NAME DEPAS, JOHN S			HIC W147338737		ACNT 7886LMD642	ICN EVJNNCXJ30001		ASG Y	MOA MA15		
1982923660	0806	080625	11	1 1160F		0.00	0.00	0.00	0.00		0.00
1982923660	0806	080625	11	1 1159F		0.00	0.00	0.00	0.00		0.00
1982923660	0806	080625	11	1 1000F		0.00	0.00	0.00	0.00		0.00
PT RESP 0.00						CLAIM TOTALS	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: AETNA HEALTHFUND						AETNA CHOICE	POS II NET 04633				
STATUS CODE 1: Processed as Primary											

NAME COLE, JOSHUA E			HIC W281119467		ACNT 7513LMD642	ICN EHY2PT6L60000		ASG Y	MOA MA15		
1982923660	0718	071825	11	1 99395 25		297.00	200.06	0.00	0.00	CO-45	96.94 200.06
1982923660	0718	071825	11	1 90715		87.00	40.42	0.00	0.00	CO-45	46.58 40.42
1982923660	0718	071825	11	1 90471		41.00	12.22	0.00	0.00	CO-45	28.78 12.22
1982923660	0718	071825	11	1 3079F		0.00	0.00	0.00	0.00		0.00
1982923660	0718	071825	11	1 3074F		0.00	0.00	0.00	0.00		0.00
1982923660	0718	071825	11	1 G8510		0.00	0.00	0.00	0.00		0.00
PT RESP 0.00						CLAIM TOTALS	425.00	252.70	0.00	0.00	172.30 252.70
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 252.70
PLAN TYPE: AETNA HEALTHFUND						AETNA CHOICE	POS II NET 04633				
STATUS CODE 1: Processed as Primary											



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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME COLE, JOSHUA E			HIC W281119467		ACNT 7513LMD642		ICN EHY2PT6L60001			ASG Y		MOA MA15	
1982923660	0718	071825	11	1	G8476		0.00	0.00	0.00	0.00			0.00
1982923660	0718	071825	11	1	G8420		0.00	0.00	0.00	0.00			0.00
1982923660	0718	071825	11	1	G2211		25.00	0.00	0.00	0.00	CO-97	25.00	0.00
REM: N19													
1982923660	0718	071825	11	1	G0444	XU	91.00	27.89	0.00	0.00	CO-45	63.11	27.89
1982923660	0718	071825	11	1	G0443		25.00	25.00	0.00	0.00			25.00
1982923660	0718	071825	11	1	G0442	XU	43.00	27.89	0.00	0.00	CO-45	15.11	27.89
PT RESP		0.00		CLAIM TOTALS			184.00	80.78	0.00	0.00		103.22	80.78
ADJ TO TOTAL: PREV PD							INTEREST		0.00		LATE FILING CHARGE		0.00
PLAN TYPE: AETNA HEALTHFUND							AETNA CHOICE		POS II NET 04633		NET		80.78
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
	7	999.00	610.85	162.60	22.95	388.15	425.30	0.00	425.30

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

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

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

N19 Procedure code incidental to primary procedure.

PR-1 Deductible Amount

PR-2 Coinsurance Amount

