

AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE []  
 PO BOX 740819  
 ATLANTA, GA 303740819  
 (800)227-7789

REMITTANCE  
 ADVICE

TIMOTHY J. TOBOLIC MD PLLC  
 7740 BYRON CENTER AVE SW STE 202  
 BYRON CENTER, MI 493156929

NPI #: 1982923660  
 PAGE #: 1 of 1  
 DATE: 2025-04-24  
 NONPAY #: 11239828008  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME MILLER, STEVEN L				HIC 35531375811		ACNT	5169LMD642		ICN 558672472161	ASG Y	MOA		
1013940584	0310	031025	11	0	G0402		361.00	0.00	0.00	0.00	OA-23	361.00	0.00
1013940584	0310	031025	11	0	99214	25	219.00	0.00	0.00	0.00	OA-23	98.16	0.00
											PI-204	120.84	
1013940584	0310	031025	11	0	G0405		15.30	0.00	0.00	0.00	OA-23	7.65	0.00
											PI-204	7.65	
1013940584	0310	031025	11	0	G2211		25.00	0.00	0.00	0.00	OA-23	9.74	0.00
											PI-204	15.26	
1013940584	0310	031025	11	0	G0513		118.72	0.00	0.00	0.00	OA-23	118.72	0.00
1013940584	0310	031025	11	0	G0447		61.88	0.00	0.00	0.00	OA-23	61.88	0.00
PT RESP	0.00		CLAIM TOTALS				800.90	0.00	0.00	0.00		800.90	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 2: Processed as Secondary													

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	800.90	0.00	0.00	0.00	800.90	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments  
 PI-204 This service / equipment / drug is not covered under the patient's current benefit plan

