

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: 2025-05-05  
 EFT #: 665776547  
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BURGESS, JOHN		HIC 44800002801	ACNT 4942LMD642					ICN 202503070383	ASG Y MOA	
272620668	0224 022425	99397			341.00	156.92	0.00	0.00	CO-45 184.08	156.92
272620668	0224 022425	36415			20.00	9.28	0.00	0.00	CO-45 10.72	9.28
272620668	0224 022425	G0442 XU			30.00	20.44	0.00	0.00	CO-45 9.56	20.44
272620668	0224 022425	G0444 XU			29.45	20.44	0.00	0.00	CO-45 9.01	20.44
272620668	0224 022425	3075F			0.00	0.00	0.00	0.00		0.00
272620668	0224 022425	3078F			0.00	0.00	0.00	0.00		0.00
272620668	0224 022425	G8510			0.00	0.00	0.00	0.00		0.00
272620668	0224 022425	G9621			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS			420.45	207.08	0.00	0.00	213.37	207.08
ADJ TO TOTAL: PREV PD		INTEREST			0.00		LATE FILING CHARGE		0.00 NET	207.08
STATUS CODE 1: Processed as Primary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	5.11

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	420.45	207.08	0.00	0.00	213.37	201.97	5.11	201.97

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

