

HealthSmart Benefit Solutions []
P.O. Box 93670
Lubbock, TX 79493

REMITTANCE
ADVICE

TOBOLIC TIMOTHY MD
7740 BYRON CENTER AVE
STE 202
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-05-16
EFT #: 1189555864
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	LEWIS, KIRSTEN				HIC XXX-XX-0556	ACNT 6257LMD642				ICN 0751676601	ASG Y	MOA	
	1025 102524	11	1	90656			35.00	22.35	0.00	0.00	CO-45	12.65	22.35
	1025 102524	11	1	90471			41.00	13.68	0.00	0.00	CO-45	27.32	13.68
PT RESP	0.00				CLAIM TOTALS		76.00	36.03	0.00	0.00		39.97	36.03
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET	36.03
STATUS CODE 1: Processed as Primary													

PROVIDER ADJ DETAILS: PLB REASON CODE FCN/OTHER IDENTIFIER HIC AMOUNT
Claim transmission fee amount (AH) 1189555864 0.72

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	76.00	36.03	0.00	0.00	39.97	35.31	0.72	35.31

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

