

ASR Health Benefits []
 PO Box 6392
 Grand Rapids, MI 49516
 (000)000-0000

REMITTANCE
 ADVICE

TIMOTHY TOBOLIC MD PLLC
 SUITE 202
 7740 BYRON CENTER AVENUE
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-06-12
 EFT #: 685543047
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SMITH, STEPHANIE		HIC P0477017		ACNT 5436LMD642		ICN 6357043501		ASG Y MOA		
	0324	032425 11	1 99395 25		297.00	143.73	0.00	0.00	CO-45	153.27 143.73
	0324	032425 11	1 G0136 33		34.80	34.80	0.00	0.00	PR-B13	34.80 0.00
	0324	032425 11	1 90471		41.00	41.00	0.00	0.00	PR-B13	41.00 0.00
	0324	032425 11	1 90632		110.00	110.00	0.00	0.00	PR-B13	110.00 0.00
	0324	032425 11	1 96127 XU		40.00	40.00	0.00	0.00	PR-B13	40.00 0.00
	0324	032425 11	1 96160 XU		5.30	5.30	0.00	0.00	PR-B13	5.30 0.00
	0324	032425 11	1 G0557		94.10	94.10	0.00	0.00	PR-B13	94.10 0.00
	0324	032425 11	1 3074F		0.00	0.00	0.00	0.00		0.00
	0324	032425 11	1 3078F		0.00	0.00	0.00	0.00		0.00
	0324	032425 11	1 G9622		0.00	0.00	0.00	0.00		0.00
	0324	032425 11	1 1000F		0.00	0.00	0.00	0.00		0.00
	0324	032425 11	1 G8431		0.00	0.00	0.00	0.00		0.00
	0324	032425 11	1 G8510		0.00	0.00	0.00	0.00		0.00
	0324	032425 11	1 G9622		0.00	0.00	0.00	0.00		0.00
PT RESP	325.20		CLAIM TOTALS		622.20	468.93	0.00	0.00		478.47 143.73
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE		0.00	NET 143.73
PLAN TYPE: AS1										
STATUS CODE 1: Processed as Primary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	3.55

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	622.20	468.93	0.00	0.00	478.47	140.18	3.55	140.18

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.

