

Oscar []  
P.O. Box 52146  
Phoenix, AZ 85072

REMITTANCE  
ADVICE

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

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-03-06  
EFT #: 1178392899  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	ZENKER, PATRICIA				HIC	OSC7674957901	ACNT	5015LMD642		ICN	G3M43SWQ	ASG Y MOA
1306898036	0226	022625	11	1	99386			388.00	157.71	0.00	0.00	CO-45 230.29 157.71
1306898036	0226	022625	11	1	36415			20.00	0.00	0.00	0.00	CO-97 20.00 0.00
						REM: M15						
1306898036	0226	022625	11	1	G0442			30.00	21.90	0.00	0.00	CO-45 8.10 21.90
1306898036	0226	022625	11	1	G0444			29.45	21.90	0.00	0.00	CO-45 7.55 21.90
1306898036	0226	022625	11	1	0513F			0.00	0.00	0.00	0.00	0.00
1306898036	0226	022625	11	1	G8510			0.00	0.00	0.00	0.00	0.00
1306898036	0226	022625	11	1	G9622			0.00	0.00	0.00	0.00	0.00
1306898036	0226	022625	11	1	3077F			0.00	0.00	0.00	0.00	0.00
1306898036	0226	022625	11	1	3080F			0.00	0.00	0.00	0.00	0.00
PT RESP	0.00				CLAIM	TOTALS		467.45	201.51	0.00	0.00	265.94 201.51
ADJ TO TOTAL:	PREV PD				INTEREST			0.00		LATE FILING CHARGE	0.00	NET 201.51
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS: PLB REASON CODE FCN/OTHER IDENTIFIER HIC AMOUNT  
Claim transmission fee amount (AH) 1178392899 4.01

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	467.45	201.51	0.00	0.00	265.94	197.50	4.01	197.50

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  
M15 Separately billed services / tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

