

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: 2025-05-15
EFT #: 670347328
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KLOMPEIN, CONRAD			HIC P0478392		ACNT 5027LMD642			ICN 6343640101	ASG Y MOA	
	0227 022725 11	1 99396 25			0.00	0.00	0.00	0.00		0.00
	0227 022725 11	1 36415			20.00	4.30	0.00	0.00	CO-45	15.70 4.30
	0227 022725 11	1 99406 33			27.06	18.52	0.00	0.00	CO-45	8.54 18.52
	0227 022725 11	1 G0442 XU			30.00	25.91	25.91	0.00	CO-45	4.09 0.00
	0227 022725 11	1 G0444 XU			29.45	25.91	0.00	0.00	CO-45	3.54 25.91
	0227 022725 11	1 G8420			0.00	0.00	0.00	0.00		0.00
	0227 022725 11	1 3074F			0.00	0.00	0.00	0.00		0.00
	0227 022725 11	1 3078F			0.00	0.00	0.00	0.00		0.00
	0227 022725 11	1 G9622			0.00	0.00	0.00	0.00		0.00
	0227 022725 11	1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	25.91		CLAIM TOTALS		106.51	74.64	25.91	0.00		31.87 48.73
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 48.73
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	1.20

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	106.51	74.64	25.91	0.00	31.87	47.53	1.20	47.53

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
PR-1 Deductible Amount

