TIMOTHY J TOBOLIC MD

7740 BYRON CENTER AVE SW STE 202

BYRON CENTER, MI 493156929

NPI #: 1982923660 PAGE #: 1 of 2 2025-03-17 DATE:

NONPAY #: TAX ID #: 25072B1000335527 272620668

REND PROV	/ SERV	DATE	POS	NOS	PROC	e moi	os	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	мт	PROV PD	
NAME CROS	SS, RHON	NDA L		HIC	12655	8801	ACNT	4984LMD64	12	ICN 2	5D56526870	0 ASG	Y MOA	M115 M76 N122	N62
130689803	36 0225	022525	11	1	G0439			-361.00	0.00	0.00	0.00	CO-45	-239.15	0.00	
			(M1)			REM:	M115					PR-242	-121.85		
130689803	36 0225	022525	11	1	99214	25		-241.68	0.00	0.00	0.00	CO-16	-241.68	0.00	
			(M2)			REM:	M76								
130689803	36 0225	022525	11	1	G0442	XU		-30.00	0.00	0.00	0.00	CO-45	-13.78	0.00	
			(M3)			REM:	M115					PR-242	-16.22		
130689803	36 0225	022525	11	1	G0444	XU		-29.45	0.00	0.00	0.00	CO-45	-13.23	0.00	
			(M4)			REM:	M115					PR-242	-16.22		
130689803	36 0225	022525	11	1	82043	-		-14.70	0.00	0.00	0.00	CO-45	-8.92	0.00	
			(M5)			REM:	M115					PR-242	-5.78		
130689803	36 0225	022525	11	1	82570	QW		-17.85	0.00	0.00	0.00	CO-45	-12.67	0.00	
			(M6)			REM:	M115					PR-242	-5.18		
130689803	36 0225			1	G2211			-25.00	0.00	0.00	0.00	CO-97	-25.00	0.00	
			(M7)			REM:	N122								
130689803	36 0225			1	3074F			0.00	0.00	0.00	0.00			0.00	
			(8M)			REM:	N620								
130689803	36 0225			1	3078F			0.00	0.00	0.00	0.00			0.00	
			(M9)			REM:	N620								
130689803	36 0225				G9622			0.00	0.00	0.00	0.00			0.00	
			(M10)			REM:	N620								
130689803	36 0225				G8510			0.00	0.00	0.00	0.00			0.00	
			(M11)			REM:	N620								
130689803	36 0225				3061F			0.00	0.00	0.00	0.00			0.00	
			(M12)	)		REM:									
PT RESP	0.0				CLAIM	TOTALS		-719.68	0.00	0.00	0.00		-719.68	0.00	
ADJ TO TO							EREST	0.00		FILING	CHARGE	0.00	NET	0.00	
								OS H2247-0	001						
STATUS CO	DDE 22:	Revers	al of	Pre	evious	Paymer	nt								
NAME CROS					12655	8801	ACNT	4984LMD64			5D56526870			M115 N122 N620	
130689803	36 0225			1	G0439			361.00	0.00	0.00	0.00	CO-45	239.15	0.00	
			(M1)	_		REM:	M115					PR-242	121.85		
130689803	36 0225			1	99214			241.68	0.00	0.00	0.00	CO-45	120.84	0.00	
			(M2)	_	~~	REM:	M115	20.00				PR-242	120.84		
130689803	36 0225			Т	G0442			30.00	0.00	0.00	0.00	CO-45	13.78	0.00	
			(M3)	_	~~	REM:	MI12	00 45				PR-242	16.22		
130689803	36 0225			Т	G0444			29.45	0.00	0.00	0.00	CO-45	13.23	0.00	
			(M4)	_	00040	REM:	MIIS	14 50				PR-242	16.22		
130689803	36 0225				82043	-	34115	14.70	0.00	0.00	0.00	CO-45	8.92	0.00	
12060000			(M5)	-	00550	REM:	WIIS	15 05	0.00	0 00	0.00	PR-242	5.78	0.00	
130689803	36 0225				82570		34115	17.85	0.00	0.00	0.00	CO-45	12.67	0.00	
12060000	0005		(M6)	- 1	ann11	REM:	WIIS	25 00	0 00	0 00	0 00	PR-242	5.18	0.00	
130689803	0 0223			т	G2211	DEM -	NT1 22	25.00	0.00	0.00	0.00	CO-97	25.00	0.00	
12060000	26 022F		(M7)	1	2074=	REM:	MTZZ	0 00	0 00	0 00	0 00			0 00	
130689803	0 0223			1	3074F	DEM -	M620	0.00	0.00	0.00	0.00			0.00	
12060000	26 022F		(M8)	1	2070	REM:	1402U	0 00	0 00	0 00	0 00			0 00	
130689803	0 0223			1	3078F	DEM -	M620	0.00	0.00	0.00	0.00			0.00	
12060000	6 0225		(M9)	1	G9622	REM:	MOZU	0.00	0.00	0.00	0.00			0.00	
130689803	0 0225				G9622	DEM.	NT 6 2 0	0.00	0.00	0.00	0.00			0.00	
130689803	26 0225		(M10)		G8510	REM:	11020	0.00	0.00	0.00	0.00			0.00	
130003003	0 0225		M11)		GOSTO	REM:	NT 6 2 0	0.00	0.00	0.00	0.00			0.00	
130689803	6 0225				3061F	KEM:	NOZU	0.00	0.00	0.00	0.00			0.00	
130003003	00 0225				SUGIF	DEM.	NTC 2.0	0.00	0.00	0.00	0.00			0.00	
PT RESP	286.0		(M12)	'	CT A TM	REM:		719.68	0.00	0.00	0.00		719.68	0.00	
ADJ TO TO					CHAIN	TOTALS		0.00		FILING		0.00	/19.68 NET	0.00	
			7 T TTT	יזסגי	דגוות כ		EREST	0.00 OS H2247-0		TITING	CHARGE	0.00	14 T-T	0.00	
STATUS CO						ONPLET.	ге чиоъ	JS RZZ4/-U	, o ±						
PIMIUS CC	יייני די ד	LOCESS	eu as	, FII	тшат у										
TOTALS:	# OF	R	ILLEI		ALLC	)WED	DED	UCT	COINS	TOTAL	PROV P		PROV	CHECK	
TOTALD.	CLAIMS		AMT	•	ALLA		AM'		AMT	RC-AMT	AMT		DJ AMT	AMT	
	2		0.0	00	211	0.00		0.00	0.00	0.0		00	0.00	0.00	
			0.0	, ,		0.00	,		0.00	0.0	0.	••		0.00	



UNITEDHEALTHCARE COMMUNITY PLAN INC DUAL

REMITTANCE 1982923660 NPI #: TIMOTHY J TOBOLIC MD ADVICE NONPAY #: 25072B1000335527 PAGE #: 2 of 2 DATE: 2025-03-17

GLOSSARY: GROUP, REASON, MOA, REMARK AND REASON CODES

Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for CO-16

details.

CO-45

Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

Payment adjusted because the benefit for this service is included in the payment / allowance for another CO-97

service / procedure that has already been adjudicated
This item is denied when provided to this patient by a non-contract or non-demonstration supplier. M115

M76 Missing / incomplete / invalid diagnosis or condition.

N122 Add-on code cannot be billed by itself.

N620 Alert: This procedure code is for quality reporting / informational purposes only.

PR-242 Services not provided by network / primary care providers.