

Molina Healthcare of Michigan []
200 Oceangate, 6th Floor
Long Beach, CA 90802

REMITTANCE
ADVICE

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

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-04-23
EFT #: 1185831442
TAX ID #: 272620668

| REND | PROV | SERV DATE | POS NOS | PROC | MODS | BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AMT | PROV PD |
|-------------------------------------|------|-----------|----------------|-----------------|------|-----------------|--------------------|--------|-------|------------|---------|
| NAME WARBER, CONCILIA | | | HIC 1293792040 | ACNT 5747LMD642 | | ICN 25101114280 | ASG Y | MOA | | | |
| 1013940584 | 0408 | 040825 | 1 99395 | 25 | | 297.00 | 114.91 | 0.00 | 0.00 | CO-45 | 114.91 |
| 1013940584 | 0408 | 040825 | 1 G0136 | 33 | | 34.80 | 13.35 | 0.00 | 0.00 | CO-45 | 13.35 |
| 1013940584 | 0408 | 040825 | 1 36415 | | | 20.00 | 8.28 | 0.00 | 0.00 | CO-45 | 8.28 |
| 1013940584 | 0408 | 040825 | 1 96127 | XU | | 40.00 | 3.28 | 0.00 | 0.00 | CO-45 | 3.28 |
| 1013940584 | 0408 | 040825 | 1 96160 | XU | | 5.30 | 0.00 | 0.00 | 0.00 | CO-6 | 0.00 |
| REM: N517 | | | | | | | | | | | |
| 1013940584 | 0408 | 040825 | 1 G8420 | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1013940584 | 0408 | 040825 | 1 3074F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1013940584 | 0408 | 040825 | 1 3078F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1013940584 | 0408 | 040825 | 1 G9622 | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1013940584 | 0408 | 040825 | 1 G8510 | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| PT RESP | 0.00 | | CLAIM TOTALS | | | 397.10 | 139.82 | 0.00 | 0.00 | 257.28 | 139.82 |
| ADJ TO TOTAL: PREV PD | | | | | | 0.00 | LATE FILING CHARGE | | 0.00 | NET | 139.82 |
| PLAN TYPE: TQMXBP6757 | | | | | | | | | | | |
| STATUS CODE 1: Processed as Primary | | | | | | | | | | | |

| NAME WARBER, CONCILIA | | | HIC 1293792040 | ACNT 5745LMD642 | ICN 25101114286 | | ASG Y | MOA | | |
|-------------------------------------|------|--------|----------------|-----------------|--------------------|------|-------|-------|--------|--------|
| 1013940584 | 0321 | 032125 | 1 99203 | 218.00 | 105.52 | 0.00 | 0.00 | CO-45 | 112.48 | 105.52 |
| 1013940584 | 0321 | 032125 | 1 3074F | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| 1013940584 | 0321 | 032125 | 1 3079F | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| 1013940584 | 0321 | 032125 | 1 3008F | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| 1013940584 | 0321 | 032125 | 1 2001F | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| 1013940584 | 0321 | 032125 | 1 2000F | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| 1013940584 | 0321 | 032125 | 1 1000F | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| 1013940584 | 0321 | 032125 | 1 1159F | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| 1013940584 | 0321 | 032125 | 1 1160F | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| PT RESP | 0.00 | | CLAIM TOTALS | 218.00 | 105.52 | 0.00 | 0.00 | | 112.48 | 105.52 |
| ADJ TO TOTAL: PREV PD | | | INTEREST | 0.00 | LATE FILING CHARGE | | 0.00 | NET | 105.52 | |
| PLAN TYPE: TQMXBP6757 | | | | | | | | | | |
| STATUS CODE 1: Processed as Primary | | | | | | | | | | |

| | | | | | | | | | | | |
|------------------------------------|-------------|------------|-----------------|----------------------|-----------|--------------|-------------|--------------|-----------|--|--|
| PROVIDER ADJ DETAILS: | | | PLB REASON CODE | FCN/OTHER IDENTIFIER | HIC | AMOUNT | | | | | |
| Claim transmission fee amount (AH) | | | | 1185831442 | | 4.88 | | | | | |
| TOTALS: | # OF CLAIMS | BILLED AMT | ALLOWED AMT | DEDUCT AMT | COINS AMT | TOTAL RC-AMT | PROV PD AMT | PROV ADJ AMT | CHECK AMT | | |
| | 2 | 615.10 | 245.34 | 0.00 | 0.00 | 369.76 | 240.46 | 4.88 | 240.46 | | |

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-6 The procedure / revenue code is inconsistent with the patient's age.
N517 Resubmit a new claim with the requested information.

