

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: 2025-04-17
 EFT #: 654448699
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	DEWITT, STEVE				HIC P0377372	ACNT 4724LMD642			ICN 6333420801		ASG Y MOA	
	0207	020725	11	1	99213 25		146.00	89.35	0.00	0.00	CO-45	64.35
											PR-3	
	0207	020725	11	1	90715		87.00	87.00	0.00	0.00	PR-B13	0.00
	0207	020725	11	1	90471		41.00	41.00	0.00	0.00	PR-B13	0.00
	0207	020725	11	1	3008F		0.00	0.00	0.00	0.00		0.00
	0207	020725	11	1	2001F		0.00	0.00	0.00	0.00		0.00
	0207	020725	11	1	2000F		0.00	0.00	0.00	0.00		0.00
	0207	020725	11	1	1000F		0.00	0.00	0.00	0.00		0.00
	0207	020725	11	1	1159F		0.00	0.00	0.00	0.00		0.00
	0207	020725	11	1	1160F		0.00	0.00	0.00	0.00		0.00
	0207	020725	11	1	3074F		0.00	0.00	0.00	0.00		0.00
	0207	020725	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	153.00				CLAIM TOTALS		274.00	217.35	0.00	0.00		64.35
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	64.35
PLAN TYPE: AS1											NET	
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	1.59

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	274.00	217.35	0.00	0.00	209.65	62.76	1.59	62.76

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-3 Co-payment Amount
 PR-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.

