

AMBETTER []  
 7700 FORSYTH  
 ST LOUIS, MO 63105  
 (800)225-2573

REMITTANCE  
 ADVICE

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

NPI #: 1982923660  
 PAGE #: 1 of 1  
 DATE: 2025-08-12  
 EFT #: 721278088  
 TAX ID #: 272620668

| REND                                | PROV  | SERV DATE | POS NOS | PROC        | MODS   | BILLED     | ALLOWED | DEDUCT             | COINS | GRP/RC-AMT   | PROV PD   |
|-------------------------------------|-------|-----------|---------|-------------|--------|------------|---------|--------------------|-------|--------------|-----------|
| NAME VANTUINEN, BRUCE               |       |           | HIC     | UZ012139001 | ACNT   | 7725LMD642 |         |                    | ICN   | Y213MPE85035 | ASG Y MOA |
| 1013940584                          | 0730  | 073025    | 1       | 99214       | 25     | 219.00     | 120.84  | 0.00               | 0.00  | CO-45        | 98.16     |
|                                     |       |           |         |             |        |            |         |                    |       | PR-3         | 50.00     |
| 1013940584                          | 0730  | 073025    | 1       | 3074F       |        | 0.00       | 0.00    | 0.00               | 0.00  |              | 0.00      |
| 1013940584                          | 0730  | 073025    | 1       | 3078F       |        | 0.00       | 0.00    | 0.00               | 0.00  |              | 0.00      |
| 1013940584                          | 0730  | 073025    | 1       | 3008F       |        | 0.00       | 0.00    | 0.00               | 0.00  |              | 0.00      |
| 1013940584                          | 0730  | 073025    | 1       | 2001F       |        | 0.00       | 0.00    | 0.00               | 0.00  |              | 0.00      |
| 1013940584                          | 0730  | 073025    | 1       | 2000F       |        | 0.00       | 0.00    | 0.00               | 0.00  |              | 0.00      |
| 1013940584                          | 0730  | 073025    | 1       | 1000F       |        | 0.00       | 0.00    | 0.00               | 0.00  |              | 0.00      |
| 1013940584                          | 0730  | 073025    | 1       | 1159F       |        | 0.00       | 0.00    | 0.00               | 0.00  |              | 0.00      |
| 1013940584                          | 0730  | 073025    | 1       | 1160F       |        | 0.00       | 0.00    | 0.00               | 0.00  |              | 0.00      |
| PT RESP                             | 50.00 |           |         | CLAIM       | TOTALS | 219.00     | 120.84  | 0.00               | 0.00  |              | 148.16    |
| ADJ TO TOTAL: PREV PD               |       |           |         | INTEREST    |        | 0.00       |         | LATE FILING CHARGE |       | 0.00         | NET 70.84 |
| STATUS CODE 1: Processed as Primary |       |           |         |             |        |            |         |                    |       |              |           |

|                       |                 |                      |                 |        |
|-----------------------|-----------------|----------------------|-----------------|--------|
| PROVIDER ADJ DETAILS: | PLB REASON CODE | FCN/OTHER IDENTIFIER | HIC             | AMOUNT |
|                       | Adjustment (CS) | ZELIS                | TRANSACTION FEE | 1.75   |

| TOTALS: | # OF CLAIMS | BILLED AMT | ALLOWED AMT | DEDUCT AMT | COINS AMT | TOTAL RC-AMT | PROV PD AMT | PROV ADJ AMT | CHECK AMT |
|---------|-------------|------------|-------------|------------|-----------|--------------|-------------|--------------|-----------|
|         | 1           | 219.00     | 120.84      | 0.00       | 0.00      | 148.16       | 69.09       | 1.75         | 69.09     |

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

