

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: 2025-06-12
 EFT #: 685542903
 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 6343640102		ASG Y		MOA	
	0227	022725	11	1	99386		388.00	184.96	0.00	0.00	CO-45	203.04
	0227	022725	11	1	36415		20.00	20.00	0.00	0.00	PR-B13	20.00
	0227	022725	11	1	99406		27.06	27.06	0.00	0.00	PR-B13	27.06
	0227	022725	11	1	G0442 XU		30.00	0.00	0.00	0.00	OA-18	30.00
	0227	022725	11	1	G0444 XU		29.45	0.00	0.00	0.00	OA-18	29.45
	0227	022725	11	1	G8420		0.00	0.00	0.00	0.00		
	0227	022725	11	1	3074F		0.00	0.00	0.00	0.00		
	0227	022725	11	1	3078F		0.00	0.00	0.00	0.00		
	0227	022725	11	1	G9622		0.00	0.00	0.00	0.00		
	0227	022725	11	1	G8510		0.00	0.00	0.00	0.00		
PT RESP	47.06				CLAIM TOTALS		494.51	232.02	0.00	0.00		309.55
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET
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	4.57

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	494.51	232.02	0.00	0.00	309.55	180.39	4.57	180.39

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 OA-18 Duplicate claim / service.
 PR-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.

