

OMAHA SUPPLEMENTAL INSURANCE COMPANY []
 3300 MUTUAL OF OMAHA PLZ
 OMAHA, NE 681751004
 (000)000-0000

REMITTANCE
 ADVICE

TIMOTHY J TOBOLIC MD PL [0006598733]
 STE 202
 7740 BYRON CENTER AVE
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-05-15
 EFT #: 671840056
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DYKSTRA, MARY L			HIC 69394296L		ACNT 5981LMD642		ICN 586372255100-003/BC			ASG Y	MOA	
1013940584	0422	042225	11	1	99214	25	219.00	66.44	52.84	0.00	OA-23	152.56 13.60
REM: N536												
1013940584	0422	042225	11	1	G2211		25.00	25.00	0.00	0.00	OA-23	25.00 0.00
PT RESP		52.84			CLAIM TOTALS		244.00	91.44	52.84	0.00		177.56 13.60
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 13.60
STATUS CODE 2: Processed as Secondary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	0.34

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	244.00	91.44	52.84	0.00	177.56	13.26	0.34	13.26

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

N536 We are not changing the prior payer's determination of patient responsibility, which you may collect, as this service is not covered by us.

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

PR-1 Deductible Amount

