

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: 2025-05-05  
EFT #: 663495714  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	PENNINGTON, JASON				HIC P0471292		ACNT 5674LMD642		ICN 6337387601		ASG Y MOA	
	0402	040225	11	1	99395	25	297.00	143.73	0.00	0.00	CO-45	153.27 143.73
	0402	040225	11	1	G0136	33	34.80	26.10	0.00	0.00	CO-45	8.70 26.10
	0402	040225	11	1	96127	XU	40.00	7.63	0.00	0.00	CO-45	32.37 7.63
	0402	040225	11	1	96160	XU	5.30	3.35	0.00	0.00	CO-45	1.95 3.35
	0402	040225	11	1	97803		59.34	59.34	0.00	0.00	PR-50	59.34 0.00
	0402	040225	11	1	G0447	XU	65.00	37.09	37.09	0.00	CO-45	27.91 0.00
	0402	040225	11	1	99401	33	65.00	47.38	0.00	0.00	CO-45	17.62 47.38
	0402	040225	11	1	G8417		0.00	0.00	0.00	0.00		0.00
	0402	040225	11	1	3074F		0.00	0.00	0.00	0.00		0.00
	0402	040225	11	1	3079F		0.00	0.00	0.00	0.00		0.00
	0402	040225	11	1	G9621		0.00	0.00	0.00	0.00		0.00
	0402	040225	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	96.43				CLAIM TOTALS		566.44	324.62	37.09	0.00		301.16 228.19
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 228.19
PLAN TYPE: MAH												
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	5.64

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	566.44	324.62	37.09	0.00	301.16	222.55	5.64	222.55

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
PR-1 Deductible Amount  
PR-50 These are non-covered services because this is not deemed a 'medical necessity' by the payer.

