

AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE []
PO BOX 740819
ATLANTA, GA 303740819
(800)227-7789

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC MD PLLC
7740 BYRON CENTER AVE SW STE 202

BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-04-17
NONPAY #: 11236058280
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	MINER, DIANA J				HIC 39940795712	ACNT 5056LMD642				ICN 557852675951	ASG Y	MOA	
1013940584	0225	022525	11	0	99214	25	219.00	0.00	0.00	0.00	OA-23	98.16	0.00
											PI-204	120.84	
1013940584	0225	022525	11	0	G2211		25.00	0.00	0.00	0.00	PR-204	25.00	0.00
1013940584	0225	022525	11	0	82570	QW	17.85	0.00	0.00	0.00	OA-23	17.85	0.00
1013940584	0225	022525	11	0	82043	QW	14.70	0.00	0.00	0.00	OA-23	14.70	0.00
1013940584	0225	022525	11	0	36415		20.00	0.00	0.00	0.00	OA-23	20.00	0.00
PT RESP		25.00			CLAIM TOTALS		296.55	0.00	0.00	0.00		296.55	0.00
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 2: Processed as Secondary													

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	296.55	0.00	0.00	0.00	296.55	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments
PI-204 This service / equipment / drug is not covered under the patient's current benefit plan
PR-204 This service / equipment / drug is not covered under the patient's current benefit plan

