

Healthcare Management Administrators []  
 PO Box 85008  
 Bellevue, WA 98015

REMITTANCE  
 ADVICE

TOBOLIC TIMOTHY MD  
 7740 BYRON CENTER AVENUE  
 BYRON CENTER, MI 49315

NPI #: 1013940584  
 PAGE #: 1 of 1  
 DATE: 2025-07-14  
 EFT #: 1198477935  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	SCOTT, JENNY				HIC 426000795682	ACNT 6896LMD642				ICN 8629609401	ASG Y MOA	
	0610	061025	11	1	99396	25	327.00	172.48	0.00	0.00	CO-45	154.52 172.48
	0610	061025	11	1	36415		20.00	15.22	0.00	0.00	CO-45	4.78 15.22
	0610	061025	11	1	G0442	XU	30.00	21.04	21.04	0.00	CO-45	8.96 0.00
	0610	061025	11	1	G0136	33	65.00	27.10	0.00	0.00	CO-45	37.90 27.10
	0610	061025	11	1	G0444	XU	29.45	21.04	21.04	0.00	CO-45	8.41 0.00
	0610	061025	11	1	G8420		0.00	0.00	0.00	0.00		0.00
	0610	061025	11	1	G9621		0.00	0.00	0.00	0.00		0.00
	0610	061025	11	1	3074F		0.00	0.00	0.00	0.00		0.00
	0610	061025	11	1	3078F		0.00	0.00	0.00	0.00		0.00
	0610	061025	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	42.08				CLAIM	TOTALS	471.45	256.88	42.08	0.00		214.57 214.80
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 214.80
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS: PLB REASON CODE FCN/OTHER IDENTIFIER HIC AMOUNT  
 Claim transmission fee amount (AH) 1198477935 4.27

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	471.45	256.88	42.08	0.00	214.57	210.53	4.27	210.53

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

