

Insight Benefit Administrators LLC-ICL 1113 []  
660 Ada Dr SE  
Ada, MI 49301  
(000)000-0000

REMITTANCE  
ADVICE

TIMOTHY J TOBOLIC MD PLLC  
7740 BYRON CENTER AVE  
SUITE 202  
BYRON CENTER, MI 49315

NPI #: 1013940584  
PAGE #: 1 of 1  
DATE: 2025-03-17  
NONPAY #: 639078240  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DEKLEINE, JOHN			HIC 30000001798	ACNT 4776LMD642		ICN 202503040223	ASG Y	MOA			
272620668	1204	120424	99214 25			219.00	0.00	0.00	0.00	CO-163 219.00	0.00
										CO-45 -193.90	
										OA-23 96.95	
										OA-22 96.95	
272620668	1204	120424		3078F		0.00	0.00	0.00	0.00		0.00
272620668	1204	120424		G2211		25.00	0.00	0.00	0.00	CO-163 25.00	0.00
272620668	1204	120424		36415		15.00	0.00	0.00	0.00	CO-163 15.00	0.00
										CO-45 -17.30	
										OA-23 8.65	
										OA-22 8.65	
272620668	1204	120424		G0444 XU		29.45	0.00	0.00	0.00	CO-163 29.45	0.00
272620668	1204	120424		93000		71.00	0.00	0.00	0.00	CO-163 71.00	0.00
										CO-45 -21.52	
										OA-23 10.76	
										OA-22 10.76	
272620668	1204	120424		90662		90.00	0.00	0.00	0.00	CO-163 90.00	0.00
										CO-45 -163.64	
										OA-23 81.82	
										OA-22 81.82	
272620668	1204	120424		G0008		41.00	0.00	0.00	0.00	CO-163 41.00	0.00
										CO-45 -61.74	
										OA-23 30.87	
										OA-22 30.87	
272620668	1204	120424		G8510		0.00	0.00	0.00	0.00		0.00
272620668	1204	120424		3074F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		490.45	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD				INTEREST		0.00				490.45	0.00
STATUS CODE 2: Processed as Secondary										NET	0.00
										0.00	

NAME DEKLEINE, JOHN			HIC 30000001798	ACNT 4775LMD642		ICN 202503040224	ASG Y	MOA			
272620668	1224	122424	99213 25			146.00	0.00	0.00	0.00	CO-45 -137.22	0.00
										OA-23 68.61	
										OA-22 68.61	
										PR-204 146.00	
272620668	1224	122424		69209		29.00	0.00	0.00	0.00	CO-163 29.00	0.00
										CO-45 -22.96	
										OA-23 11.48	
										OA-22 11.48	
272620668	1224	122424		3008F		0.00	0.00	0.00	0.00		0.00
272620668	1224	122424		2001F		0.00	0.00	0.00	0.00		0.00
272620668	1224	122424		2000F		0.00	0.00	0.00	0.00		0.00
272620668	1224	122424		1000F		0.00	0.00	0.00	0.00		0.00
272620668	1224	122424		1159F		0.00	0.00	0.00	0.00		0.00
272620668	1224	122424		1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	146.00			CLAIM TOTALS		175.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD				INTEREST		0.00				175.00	0.00
STATUS CODE 2: Processed as Secondary										NET	0.00
										0.00	

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	665.45	0.00	0.00	0.00	665.45	0.00	0.00	0.00

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

CO-163 Claim / Service adjusted because the attachment referenced on the claim was not received.  
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
OA-22 Payment adjusted because this care may be covered by another payer per coordination of benefits.  
OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments  
PR-204 This service / equipment / drug is not covered under the patient's current benefit plan

