TIMOTHY J. TOBOLIC, MD, PLLC STE 202 7740 BYRON CENTER AVE SW BYRON CENTER, MI 49315

NPI #: 1982923660 PAGE #: 1 of 1 DATE: 2025-03-26

NONPAY #: CL01621110445185080509375

TAX ID #: 272620668

REND PRO	V SERV DATE	POS	NOS	PROC	MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	Г	PROV PD
NAME LEH	MANN, ESTHER		HIC	3832680	1	ACNT	5266LMD64	2	ICN 2	5076431814	ASG	Y MOA	
10139405	84 0314 031425	5 11	9	99213			146.00	68.22	68.22	0.00	CO-45	77.78	0.00
PT RESP	68.22			CLAIM TO	TALS		146.00	68.22	68.22	0.00		77.78	0.00
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS C	ODE 1: Process	sed as	Prin	nary									
TOTALS:	# OF I	BILLED	)	ALLOWE	D	DEDU	JCT	COINS	TOTAL	PROV PI	) P	ROV	CHECK
	CLAIMS	AMT		AMT		AM'	ľ	AMT	RC-AMT	AMT	AD	J AMT	AMT
	1	146.0	0	68.	22	68	3.22	0.00	77.7	8 0.0	00	0.00	0.00

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

Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement. Deductible Amount CO-45

PR-1