

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: 2025-08-14
EFT #: 721095454
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KITLER, ROGER			HIC		P0422529		ACNT 7630LMD642		ICN 6380257701		ASG Y	MOA
INSURED NAME: KITLER, DEBORAH												
	0723	072325	11	1	99215	25	295.00	179.83	0.00	0.00	CO-45	115.17
											PR-3	20.00
	0723	072325	11	1	93000		71.00	27.70	0.00	0.00	CO-45	43.30
	0723	072325	11	1	36415		20.00	4.30	0.00	0.00	CO-45	15.70
	0723	072325	11	1	3074F		0.00	0.00	0.00	0.00		
	0723	072325	11	1	3078F		0.00	0.00	0.00	0.00		
	0723	072325	11	1	3008F		0.00	0.00	0.00	0.00		
	0723	072325	11	1	2001F		0.00	0.00	0.00	0.00		
	0723	072325	11	1	2000F		0.00	0.00	0.00	0.00		
	0723	072325	11	1	1000F		0.00	0.00	0.00	0.00		
	0723	072325	11	1	1159F		0.00	0.00	0.00	0.00		
	0723	072325	11	1	1160F		0.00	0.00	0.00	0.00		
PT RESP	20.00				CLAIM TOTALS		386.00	211.83	0.00	0.00		194.17
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET
PLAN TYPE: AS1												
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	4.74

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	386.00	211.83	0.00	0.00	194.17	187.09	4.74	187.09

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
PR-3 Co-payment Amount

