TIMOTHY J. TOBOLIC, MD, PLLC 7740 BYRON CENTER AVE SW STE 202 BYRON CENTER, MI 493156929

NPI #: 1982923660 PAGE #: 1 of 1 DATE: 2025-04-10 EFT #: 899089539 TAX ID #: 272620668

REND PROV	SERV	DATE	POS	NOS	PROC	MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	:	PROV PD
NAME DEKI	EINE,	JOHN C		HIC	4Q52P	V4CY22	ACNT	5500LMD6	42	ICN 1	8250865278	10 ASG	MOA	MA01 MA15
101394058	4 0327	032725	11	1	99214	25		219.00	120.84	120.84	0.00	CO-45	98.16	0.00
101394058	4 0327	032725	11	1	G2211			25.00	15.26	0.06	3.04	CO-45	9.74	11.92
												CO-253	0.24	
101394058	4 0327	032725	11	1	96127	XU		40.00	4.21	0.00	0.84	CO-45	35.79	3.30
												CO-253	0.07	
101394058	4 0327	032725	11	1	G0446	ΧU		61.88	30.94	0.00	0.00	CO-45	30.94	30.32
												CO-253	0.62	
101394058	4 0327	032725	11	1	G8510			0.00	0.00	0.00	0.00			0.00
				_		REM: N	620							
101394058	4 0327	032725	11	1	2000F			0.00	0.00	0.00	0.00			0.00
101004050	4 0000			-		REM: N	620							
101394058	4 0327	032725	11	1	2000F	DE1/ 11	c 0 0	0.00	0.00	0.00	0.00			0.00
DE DEGE	124.	70			CT 3 TM	REM: N	620	245 00	171 05	120.90	2 00		175 56	45.54
PT RESP					CLAIM			345.88	171.25		3.88		175.56	45.54
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 45. STATUS CODE 1: Processed as Primary													45.54	
STATUS CO	DE 1:	Process	ed as	s Pri	mary									
TOTALS:	# OF	В	ILLEI	D	ALLO	WED	DED	UCT	COINS	TOTAL	PROV P	D PI	OV	CHECK
	CLAIM	s :	AMT		AM	Т	AM'	r	AMT	RC-AMT	AMT	AD	AMT	AMT
	1		345.8	88	17	1.25	12	0.90	3.88	175.5	6 45.	54 (.00	45.54

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

CO-253 Sequestration - reduction in federal spending

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement. Alert: If you do not agree with what we approved for these services, you may appeal our decision. To MA01 make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the

other services reported. N620 Alert: This procedure code is for quality reporting / informational purposes only.

PR-1 Deductible Amount

PR-2 Coinsurance Amount