

UNITED HEALTHCARE INSURANCE COMPANY []
 9900 BREN ROAD
 MINNETONKA, MN 553439664
 (877)842-3210

REMITTANCE
 ADVICE

TIMOTHY J TOBOLIC MD PLLC
 7740 BYRON CENTER AVE SW STE 2
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-07-16
 NONPAY #: W329016859
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HOOKS, KYRA A			HIC 916321068	ACNT 7246LMD642					ICN FE38426690	0127406689	ASG Y MOA MA15 N367
INSURED NAME: KEENA, SARAH J											
1013940584	0702	070225 11	1	99213		146.00	74.71	74.71	0.00	CO-45	71.29 0.00
PT RESP	74.71			CLAIM TOTALS		146.00	74.71	74.71	0.00		71.29 0.00
ADJ TO TOTAL: PREV PD INTEREST						0.00	LATE FILING CHARGE			0.00	NET 0.00
PLAN TYPE: CHOYC+											
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)											
CLAIM INFORMATION FORWARDED TO: UNITED HEALTHCARE SERVICESINC.											

NAME HOOKS, KYRA A			HIC 916321068	ACNT 7246LMD642					ICN FE38426690	0127406694	ASG Y MOA MA15
INSURED NAME: KEENA, SARAH J											
1013940584	0702	070225 11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0702	070225 11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD INTEREST						0.00	LATE FILING CHARGE			0.00	NET 0.00
PLAN TYPE: CHOYC+											
STATUS CODE 1: Processed as Primary											

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	146.00	74.71	74.71	0.00	71.29	0.00	0.00	0.00

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
 N367 Alert: The claim information has been forwarded to a Consumer Spending Account processor for review; for example, flexible spending account or health savings account.
 PR-1 Deductible Amount

