

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
 EFT #: 638436947
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME AMES, WINSTON		HIC 44800003107	ACNT 447LMD642				ICN 202412220352	ASG Y	MOA	
272620668	0603 060324	99395			297.00	136.48	0.00	0.00	CO-45	160.52 136.48
272620668	0603 060324	3074F			0.00	0.00	0.00	0.00		0.00
272620668	0603 060324	2001F			0.00	0.00	0.00	0.00		0.00
272620668	0603 060324	2000F			0.00	0.00	0.00	0.00		0.00
272620668	0603 060324	1000F			0.00	0.00	0.00	0.00		0.00
272620668	0603 060324	1159F			0.00	0.00	0.00	0.00		0.00
272620668	0603 060324	3079F			0.00	0.00	0.00	0.00		0.00
272620668	0603 060324	3008F			0.00	0.00	0.00	0.00		0.00
272620668	0603 060324	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS			297.00	136.48	0.00	0.00		160.52 136.48
ADJ TO TOTAL: PREV PD		INTEREST			0.00		LATE FILING CHARGE		0.00	NET 136.48
STATUS CODE 1: Processed as Primary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	3.37

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	297.00	136.48	0.00	0.00	160.52	133.11	3.37	133.11

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

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

