

CIGNA HEALTH AND LIFE INSURANCE COMPANY []
P.O. BOX 182223
CHATTANOOGA, TN 374227223
(000)000-0000

REMITTANCE
ADVICE

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

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-06-30
EFT #: 250626090034788
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	NINK, GRANT E				HIC	U9379060901	ACNT	6956LMD642		ICN	4682517111157	ASG Y	MOA
1306898036	0613	061325	11	1	99395	25		297.00	162.24	0.00	0.00	CO-45	134.76
1306898036	0613	061325	11	1	36415			20.00	15.22	0.00	0.00	CO-45	4.78
1306898036	0613	061325	11	1	G0136			65.00	27.10	0.00	0.00	CO-45	37.90
												PR-3	20.00
1306898036	0613	061325	11	1	G0442	XU		30.00	21.04	0.00	0.00	CO-45	8.96
1306898036	0613	061325	11	1	G0444	XU		29.45	21.04	0.00	0.00	CO-45	8.41
1306898036	0613	061325	11	1	G8476			0.00	0.00	0.00	0.00		
1306898036	0613	061325	11	1	G9622			0.00	0.00	0.00	0.00		
1306898036	0613	061325	11	1	G8427			0.00	0.00	0.00	0.00		
1306898036	0613	061325	11	1	G8510			0.00	0.00	0.00	0.00		
1306898036	0613	061325	11	1	3074F			0.00	0.00	0.00	0.00		
1306898036	0613	061325	11	1	3078F			0.00	0.00	0.00	0.00		
PT RESP	20.00				CLAIM TOTALS			441.45	246.64	0.00	0.00		214.81
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET
PLAN TYPE: OPEN ACCESS PLUS													226.64
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
	1	441.45	246.64	0.00	0.00	214.81	226.64	0.00	226.64

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

