

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: 2025-04-09
 NONPAY #: W318829114
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME FENNEMA, THOMAS			HIC 939020586	ACNT	5535LMD642			ICN EY87724185	0226244614	ASG Y	MOA
INSURED NAME: FENNEMA, NICHOLAS R											
1013940584	1205	120524	11	1	99393	270.00	0.00	0.00	0.00	CO-29	270.00 0.00
PT RESP	0.00				CLAIM TOTALS	270.00	0.00	0.00	0.00		270.00 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	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK		
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT		
	1	270.00	0.00	0.00	0.00	270.00	0.00	0.00	0.00		

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-29 The time limit for filing has expired.

