

Allied Benefit - ASO []
200 W Adams St
Chicago, IL 60606
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
SUITE 202
BYRON CENTER, MI 493156928

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-11
NONPAY #: nochk0014711
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	PHILLIPS, CECILIA		HIC	ZZ5553796	ACNT	4895LMD642		ICN	4796681001	ASG Y	MOA
	1113 111324 11	1	81001	QW		43.05	0.00	0.00	0.00	CO-231	43.05 0.00
PT RESP	0.00		CLAIM TOTALS			43.05	0.00	0.00	0.00		43.05 0.00
ADJ TO TOTAL:	PREV PD		INTEREST			0.00		LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE:	ASA										
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	43.05	0.00	0.00	0.00	43.05	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-231 Mutually exclusive procedures cannot be done in the same day / setting. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

