

UNITEDHEALTHCARE COMMUNITY PLAN INC []  
MICHIGAN  
KINGSTON, NY 124025290  
(800)903-5253

REMITTANCE  
ADVICE

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

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-05-07  
NONPAY #: 25124B1000171712  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME FULLER, JACOB J					HIC 132639857	ACNT 6112LMD642				ICN RA6376326400	ASG Y	MOA N448
1013940584	0429	042925	11	1	99213	25	146.00	0.00	0.00	0.00	CO-197	58.58
			(M1)								CO-45	87.42
1013940584	0429	042925	11	1	G0447	XU	0.00	0.00	0.00	0.00		
			(M2)			REM: N448						
1013940584	0429	042925	11	1	99401	25	0.00	0.00	0.00	0.00		
			(M3)									
1013940584	0429	042925	11	1	3008F		0.00	0.00	0.00	0.00		
			(M4)			REM: N448						
1013940584	0429	042925	11	1	2001F		0.00	0.00	0.00	0.00		
			(M5)			REM: N448						
1013940584	0429	042925	11	1	2000F		0.00	0.00	0.00	0.00		
			(M6)			REM: N448						
1013940584	0429	042925	11	1	1000F		0.00	0.00	0.00	0.00		
			(M7)			REM: N448						
1013940584	0429	042925	11	1	1159F		0.00	0.00	0.00	0.00		
			(M8)			REM: N448						
1013940584	0429	042925	11	1	1160F		0.00	0.00	0.00	0.00		
			(M9)			REM: N448						
PT RESP		0.00			CLAIM TOTALS		146.00	0.00	0.00	0.00		146.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
PLAN TYPE: MI UHC MEDICAID												0.00
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	146.00	0.00	0.00	0.00	146.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
CO-197 Payment denied / reduced for absence of precertification / authorization  
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement

