

AETNA []
151 FARMINGTON AVENUE
HARTFORD, CT 06156
(000)000-0000

REMITTANCE
ADVICE

TOBOLIC, TIMOTHY J [355706410]
7740 BYRON CENTER AVE SW STE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-04-17
NONPAY #: 992510601017028
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	SOTTOVIA, JULIE L				HIC 101945058500	ACNT 5489LMD642				ICN EJFDMVFTC0004	ASG Y MOA MA67	
1306898036	0326	032625	11	1	99396	25	-327.00	0.00	0.00	-51.08	CO-253	-75.08
						REM: MA67					-1.53	
1306898036	0326	032625	11	1	99401	25	-65.00	0.00	0.00	0.00	CO-45	-199.31
						REM: MA67 N19					-65.00	0.00
1306898036	0326	032625	11	1	G0136	33	-34.80	0.00	0.00	-8.70	CO-253	-8.53
						REM: MA67 N669					-17.40	
1306898036	0326	032625	11	1	96127	XU	-40.00	0.00	0.00	-2.10	CO-253	-2.07
						REM: MA67 N669					-35.79	
1306898036	0326	032625	11	1	96160	XU	-15.00	0.00	0.00	-1.32	CO-253	-1.30
						REM: MA67 N669					-0.03	
1306898036	0326	032625	11	1	36415		-20.00	0.00	0.00	0.00	CO-45	-12.35
						REM: MA67 N669					-0.18	-8.91
1306898036	0326	032625	11	1	G0447	XU	-65.00	0.00	0.00	-15.47	CO-253	-15.16
						REM: MA67 N669					-10.91	
1306898036	0326	032625	11	1	3074F		0.00	0.00	0.00	0.00	CO-45	-34.06
						REM: MA67 N620						0.00
1306898036	0326	032625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						REM: MA67 N620						
1306898036	0326	032625	11	1	G9622		0.00	0.00	0.00	0.00		0.00
						REM: MA67 N620						
1306898036	0326	032625	11	1	G8510		0.00	0.00	0.00	0.00		0.00
						REM: MA67 N620						
PT RESP	0.00				CLAIM TOTALS		-566.80	0.00	0.00	-78.67		-377.08
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	NET -111.05
PLAN TYPE: PPO - MEDICARE (AETNA)												
STATUS CODE 22: Reversal of Previous Payment												

NAME	SOTTOVIA, JULIE L				HIC 101945058500	ACNT 5489LMD642				ICN EJFDMVFTC0007	ASG Y MOA	
1306898036	0326	032625	11	1	99396	25	327.00	127.69	0.00	51.08	CO-253	75.08
											1.53	
1306898036	0326	032625	11	1	99401	25	65.00	0.00	0.00	0.00	CO-45	199.31
						REM: N19					65.00	0.00
1306898036	0326	032625	11	1	G0136	33	34.80	17.40	0.00	8.70	CO-253	8.53
						REM: N669					17.40	
1306898036	0326	032625	11	1	96127	XU	40.00	4.21	0.00	2.10	CO-253	2.07
						REM: N669					0.04	
1306898036	0326	032625	11	1	96160	XU	15.00	2.65	0.00	1.32	CO-45	35.79
						REM: N669					0.03	1.30
1306898036	0326	032625	11	1	36415		20.00	9.09	0.00	0.00	CO-253	12.35
						REM: N669					0.18	8.91
1306898036	0326	032625	11	1	G0447	XU	65.00	30.94	0.00	15.47	CO-45	10.91
						REM: N669					0.31	15.16
1306898036	0326	032625	11	1	3074F		0.00	0.00	0.00	0.00	CO-45	34.06
						REM: N620						0.00
1306898036	0326	032625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1306898036	0326	032625	11	1	G9622		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1306898036	0326	032625	11	1	G8510		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP	143.67				CLAIM TOTALS		566.80	191.98	0.00	78.67		377.08
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	NET 111.05
PLAN TYPE: PPO - MEDICARE (AETNA)												
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
	2	0.00	191.98	0.00	0.00	0.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-253 Sequestration - reduction in federal spending
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.



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NPI #: 1982923660 TOBOLIC, TIMOTHY J [355706410]
NONPAY #: 992510601017028 PAGE #: 2 of 2
MA67 Correction to a prior claim. DATE: 2025-04-17
N19 Procedure code incidental to primary procedure.
N620 Alert: This procedure code is for quality reporting / informational purposes only.
N669 Adjusted based on the Medicare fee schedule.
PR-2 Coinsurance Amount
PR-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated