

Group Marketing []
 PO Box 888407
 Grand Rapids, MI 49588
 (000)000-0000

REMITTANCE
 ADVICE

TIMOTHY TOBOLIC MD
 7740 BYRON CENTER AVE
 SUITE 202
 Byron Center, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-07-31
 EFT #: 713304050
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MCCLUNG, MONICA			HIC 732081097		ACNT 6909LMD642	ICN 333A4822502438200		ASG Y	MOA		
INSURED NAME: MCCLUNG, PAUL J.											
	0611	061125	1	99214		219.00	127.02	0.00	63.51	CO-45	63.51
	0611	061125	1	3074F		0.00	0.00	0.00	0.00		0.00
	0611	061125	1	3079F		0.00	0.00	0.00	0.00		0.00
	0611	061125	1	G0447		65.00	37.70	0.00	18.85	CO-45	18.85
PT RESP	82.36	CLAIM TOTALS				284.00	164.72	0.00	82.36		82.36
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	82.36
STATUS CODE 1: Processed as Primary											

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MCCLUNG, PAUL J.			HIC 732081097		ACNT 7057LMD642	ICN 333A4822502475200		ASG Y	MOA		
	0618	061825	1	2000F		0.00	0.00	0.00	0.00		0.00
	0618	061825	1	1000F		0.00	0.00	0.00	0.00		0.00
	0618	061825	1	1159F		0.00	0.00	0.00	0.00		0.00
	0618	061825	1	99213		146.00	84.68	0.00	0.00	CO-45	54.68
										PR-3	30.00
	0618	061825	1	99401		65.00	37.70	0.00	0.00	CO-45	27.30
										PR-96	37.70
										CO-45	27.30
	0618	061825	1	G0447		65.00	37.70	0.00	0.00		37.70
	0618	061825	1	3008F		0.00	0.00	0.00	0.00		0.00
	0618	061825	1	2001F		0.00	0.00	0.00	0.00		0.00
PT RESP	67.70	CLAIM TOTALS				276.00	160.08	0.00	0.00		92.38
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	92.38
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Adjustment (CS)	ZELIS		TRANSACTION FEE	4.32

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	560.00	324.80	0.00	82.36	302.90	170.42	4.32	170.42

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N174 This is not a covered service / procedure/ equipment / bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'.
 PR-2 Coinsurance Amount
 PR-3 Co-payment Amount
 PR-96 Non-covered charge(s).

