

Molina Healthcare of Michigan []
200 Oceangate, 6th Floor
Long Beach, CA 90802

REMITTANCE
ADVICE

TOBOLIC TIMOTHY MD
7740 BYRON CENTER AVE
STE 202
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-18
EFT #: 1180115207
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME RINCONES, BRIANNA M			HIC 0090767996	ACNT	5099LMD642			ICN 25066110793		ASG Y MOA	
1306898036	0304	030425	1 99395			297.00	114.91	0.00	0.00	CO-45	182.09 114.91
1306898036	0304	030425	1 G0442 XU			30.00	0.00	0.00	0.00	CO-96	30.00 0.00
				REM: N643							
1306898036	0304	030425	1 G0444 XU 33			29.45	0.00	0.00	0.00	CO-96	29.45 0.00
				REM: N643							
1306898036	0304	030425	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	1 1160F			0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	1 G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	1 G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			356.45	114.91	0.00	0.00		241.54 114.91
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 114.91
PLAN TYPE: TQMXBP6757											
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Claim transmission fee amount (AH)		1180115207		2.29

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	356.45	114.91	0.00	0.00	241.54	112.62	2.29	112.62

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-96 Non-covered charge(s).
N643 The services billed are considered Not Covered or Non-Covered (NC) in the applicable state fee schedule.

