

MERIDIAN HEALTH PLAN OF MICHIGAN []
 MEDICARE-MEDICAID PLAN
 FARMINGTON, MO 63640
 (800)225-2573

REMITTANCE
 ADVICE

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

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-04-22
 EFT #: 658518822
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KRISHNAN, JENNIFER			HIC 1009783621	ACNT	5733LMD642			ICN Y100MIE16106	ASG Y	MOA	
1306898036	0408	040825	1 99396	25		327.00	117.99	0.00	0.00	CO-45	117.99
1306898036	0408	040825	1 G0136	33		34.80	12.75	0.00	0.00	CO-45	12.75
1306898036	0408	040825	1 99406	25		27.06	0.00	0.00	0.00	CO-16	0.00
			REM: M64								
1306898036	0408	040825	1 36415			20.00	7.91	0.00	0.00	CO-45	7.91
1306898036	0408	040825	1 G0447	XU		65.00	0.00	0.00	0.00	CO-96	0.00
			REM: N448								
1306898036	0408	040825	1 99401	33		65.00	0.00	0.00	0.00	CO-234	0.00
			REM: M15								
1306898036	0408	040825	1 96127	XU		40.00	3.13	0.00	0.00	CO-45	3.13
1306898036	0408	040825	1 96160	XU		10.00	0.00	0.00	0.00	CO-6	0.00
			REM: N129								
1306898036	0408	040825	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	1 3079F			0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	1 G8431			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			588.86	141.78	0.00	0.00		
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE			
STATUS CODE 1: Processed as Primary									0.00	NET	141.78

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	3.50

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	588.86	141.78	0.00	0.00	447.08	138.28	3.50	138.28

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-16	Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.
CO-234	This procedure is not paid separately. Check Remittance Remark Codes for details.
CO-45	Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-6	The procedure / revenue code is inconsistent with the patient's age.
CO-96	Non-covered charge(s).
M15	Separately billed services / tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
M64	Missing / incomplete / invalid other diagnosis.
N129	Not eligible due to the patient's age.
N448	This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement

