

Healthcare Management Administrators []
 PO Box 85008
 Bellevue, WA 98015

REMITTANCE
 ADVICE

TOBOLIC TIMOTHY MD
 7740 BYRON CENTER AVENUE
 BYRON CENTER, MI 49315

NPI #: 1013940584
 PAGE #: 1 of 1
 DATE: 2025-08-13
 NONPAY #: 294504346
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME CORPE, JODI			HIC 426000799499 ACNT 7809LMD642				ICN 8683852901			ASG Y	MOA		
INSURED NAME: CORPE, JAMES													
	0728	072825	11	1	99213	25	146.00	108.22	108.22	0.00	CO-45	37.78	0.00
	0728	072825	11	1	11600		248.00	248.00	248.00	0.00			0.00
	0728	072825	11	1	3008F		0.00	0.00	0.00	0.00			0.00
	0728	072825	11	1	2001F		0.00	0.00	0.00	0.00			0.00
	0728	072825	11	1	2000F		0.00	0.00	0.00	0.00			0.00
	0728	072825	11	1	1000F		0.00	0.00	0.00	0.00			0.00
	0728	072825	11	1	1159F		0.00	0.00	0.00	0.00			0.00
	0728	072825	11	1	1160F		0.00	0.00	0.00	0.00			0.00
	0728	072825	11	1	3074F		0.00	0.00	0.00	0.00			0.00
	0728	072825	11	1	3079F		0.00	0.00	0.00	0.00			0.00
PT RESP	356.22	CLAIM TOTALS					394.00	356.22	356.22	0.00		37.78	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00	LATE FILING CHARGE			0.00	NET	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	394.00	356.22	356.22	0.00	37.78	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-1 Deductible Amount

