

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: 2025-08-18
 EFT #: 1203766993
 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 7609LMD642				ICN 8674703901			ASG Y	MOA		
INSURED NAME: CORPE, JAMES													
	0723	072325	11	1	99396	25	327.00	172.48	0.00	0.00	CO-45	154.52	172.48
	0723	072325	11	1	36415		20.00	15.22	0.00	0.00	CO-45	4.78	15.22
	0723	072325	11	1	G0442	XU	30.00	21.04	21.04	0.00	CO-45	8.96	0.00
	0723	072325	11	1	G0444	XU	29.45	21.04	21.04	0.00	CO-45	8.41	0.00
	0723	072325	11	1	G0136	33	34.80	27.10	0.00	0.00	CO-45	7.70	27.10
	0723	072325	11	1	3074F		0.00	0.00	0.00	0.00			0.00
	0723	072325	11	1	3078F		0.00	0.00	0.00	0.00			0.00
	0723	072325	11	1	G9622		0.00	0.00	0.00	0.00			0.00
	0723	072325	11	1	1036F		0.00	0.00	0.00	0.00			0.00
	0723	072325	11	1	G8510		0.00	0.00	0.00	0.00			0.00
PT RESP	42.08	CLAIM TOTALS					441.25	256.88	42.08	0.00		184.37	214.80
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	214.80
STATUS CODE 1: Processed as Primary													

PROVIDER ADJ DETAILS: PLB REASON CODE FCN/OTHER IDENTIFIER HIC AMOUNT
 Claim transmission fee amount (AH) 1203766993 4.27

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	441.25	256.88	42.08	0.00	184.37	210.53	4.27	210.53

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

