

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: 2025-07-17
EFT #: 707047639
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WINSOR, MARYBETH			HIC 0020539846	ACNT 7225LMD642		ICN Y188MIE20477	ASG Y	MOA			
1306898036	0630	063025	1 99214 25			219.00	115.67	0.00	0.00	CO-45	103.33 115.67
1306898036	0630	063025	1 71046			68.20	22.59	0.00	0.00	CO-45	45.61 22.59
1306898036	0630	063025	1 36415			20.00	7.91	0.00	0.00	CO-45	12.09 7.91
1306898036	0630	063025	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0630	063025	1 3078F			0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			307.20	146.17	0.00	0.00		161.03 146.17
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 146.17
STATUS CODE 1: Processed as Primary											

NAME WINSOR, MARYBETH			HIC 0020539846	ACNT 7283LMD642		ICN Y188MIE20510	ASG Y	MOA			
1306898036	0630	063025	1 99499			0.01	0.00	0.00	0.00	CO-45	0.01 0.00
PT RESP		0.00	CLAIM TOTALS			0.01	0.00	0.00	0.00		0.01 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	3.61

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	307.21	146.17	0.00	0.00	161.04	142.56	3.61	142.56

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

