

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

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-05-16  
EFT #: 1189508694  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	WARBER, FAITH			HIC 0004199687	ACNT 6192LMD642			ICN 25128120260		ASG Y MOA	
1013940584	0505 050525		1	99382		263.00	140.04	0.00	0.00	CO-45	122.96 140.04
PT RESP	0.00			CLAIM TOTALS		263.00	140.04	0.00	0.00		122.96 140.04
ADJ TO TOTAL:	PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 140.04
PLAN TYPE: 40047MI0010001											
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS: PLB REASON CODE FCN/OTHER IDENTIFIER HIC AMOUNT  
Claim transmission fee amount (AH) 1189508694 2.79

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	263.00	140.04	0.00	0.00	122.96	137.25	2.79	137.25

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

