

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: 2025-03-18
 EFT #: 639028735
 TAX ID #: 272620668

| REND | PROV | SERV DATE | POS NOS | PROC | MODS | BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AMT | PROV PD |
|----------------|----------------------|-----------|---------|------------|--------|------------|---------|--------------------|--------------|------------|---------|
| NAME | PETRAK, DALE DIANA | | HIC | 0060031484 | ACNT | 5042LMD642 | | ICN | Y063MIE18380 | ASG Y | MOA |
| 1306898036 | 0228 | 022825 | 1 | 99395 | | 297.00 | 85.41 | 0.00 | 0.00 | CO-45 | 211.59 |
| 1306898036 | 0228 | 022825 | 1 | 36415 | | 20.00 | 7.91 | 0.00 | 0.00 | CO-45 | 12.09 |
| 1306898036 | 0228 | 022825 | 1 | G0442 XU | | 30.00 | 0.00 | 0.00 | 0.00 | CO-96 | 30.00 |
| | | | | REM: N448 | | | | | | | |
| 1306898036 | 0228 | 022825 | 1 | G0444 XU | 33 | 29.45 | 0.00 | 0.00 | 0.00 | CO-96 | 29.45 |
| | | | | REM: N448 | | | | | | | |
| 1306898036 | 0228 | 022825 | 1 | 3074F | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1306898036 | 0228 | 022825 | 1 | 3078F | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1306898036 | 0228 | 022825 | 1 | G9622 | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1306898036 | 0228 | 022825 | 1 | G8510 | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| PT RESP | 0.00 | | | CLAIM | TOTALS | 376.45 | 93.32 | 0.00 | 0.00 | | 283.13 |
| ADJ TO TOTAL: | PREV PD | | | INTEREST | | 0.00 | | LATE FILING CHARGE | | 0.00 | NET |
| STATUS CODE 1: | Processed as Primary | | | | | | | | | | 93.32 |

| | | | | |
|-----------------------|-----------------|----------------------|-----------------|--------|
| PROVIDER ADJ DETAILS: | PLB REASON CODE | FCN/OTHER IDENTIFIER | HIC | AMOUNT |
| | Adjustment (CS) | ZELIS | TRANSACTION FEE | 2.31 |

| TOTALS: | # OF CLAIMS | BILLED AMT | ALLOWED AMT | DEDUCT AMT | COINS AMT | TOTAL RC-AMT | PROV PD AMT | PROV ADJ AMT | CHECK AMT |
|---------|-------------|------------|-------------|------------|-----------|--------------|-------------|--------------|-----------|
| | 1 | 376.45 | 93.32 | 0.00 | 0.00 | 283.13 | 91.01 | 2.31 | 91.01 |

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 CO-96 Non-covered charge(s).
 N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement

