

AETNA []
151 FARMINGTON AVENUE
HARTFORD, CT 06156
(000)000-0000

REMITTANCE
ADVICE

TOBOLIC, TIMOTHY J [355706410]
7740 BYRON CENTER AVE SW STE 202

BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-05-12
EFT #: 825127000248857
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MARTIN, HEATHER			HIC W287807477		ACNT	5891LMD642	ICN EGADM27GW0000		ASG Y	MOA MA15		
1982923660	0416	041625	11	1	99396	25	65.00	0.00	0.00	0.00	CO-231	65.00 0.00
1982923660	0416	041625	11	1	99396	25	327.00	212.40	0.00	0.00	CO-45	114.60 212.40
1982923660	0416	041625	11	1	96160	XU	5.30	4.22	0.00	0.00	CO-45	1.08 4.22
1982923660	0416	041625	11	1	96127	XU	40.00	7.48	0.00	0.00	CO-45	32.52 7.48
1982923660	0416	041625	11	1	36415		20.00	11.78	0.00	0.00	CO-45	8.22 11.78
1982923660	0416	041625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS				457.30	235.88	0.00	0.00		221.42 235.88
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 235.88
PLAN TYPE: AETNA OPEN ACCESS MANAGED CHOICE NET 04633												
STATUS CODE 1: Processed as Primary												

NAME MARTIN, HEATHER			HIC W287807477		ACNT	5891LMD642	ICN EGADM27GW0001		ASG Y	MOA MA15		
1982923660	0416	041625	11	1	0513F		0.00	0.00	0.00	0.00		0.00
1982923660	0416	041625	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1982923660	0416	041625	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1982923660	0416	041625	11	1	G0557	33	94.10	74.65	0.00	0.00	CO-45	19.45 59.65
											PR-3	15.00
1982923660	0416	041625	11	1	G0447	XU	0.00	0.00	0.00	0.00		0.00
1982923660	0416	041625	11	1	G0136	33	65.00	28.40	0.00	0.00	CO-45	36.60 28.40
PT RESP		15.00	CLAIM TOTALS				159.10	103.05	0.00	0.00		71.05 88.05
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 88.05
PLAN TYPE: AETNA OPEN ACCESS MANAGED CHOICE NET 04633												
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
	2	616.40	338.93	0.00	0.00	292.47	323.93	0.00	323.93

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-231 Mutually exclusive procedures cannot be done in the same day / setting. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

PR-3 Co-payment Amount

