

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: 2025-06-12
 EFT #: 687733529
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	BARSCIEWSKI, MARIJO	BET	HIC	0097707514	ACNT	6757LMD642		ICN	Y155MIE22557	ASG Y	MOA
1306898036	0603	060325	1	99396	25	327.00	117.99	0.00	0.00	CO-45	209.01
1306898036	0603	060325	1	G2211		25.00	0.00	0.00	0.00	CO-96	25.00
				REM: N448							
1306898036	0603	060325	1	G0447	XU	65.00	0.00	0.00	0.00	CO-96	65.00
				REM: N448							
1306898036	0603	060325	1	99401	25	65.00	25.73	0.00	0.00	CO-45	39.27
1306898036	0603	060325	1	82043	QW	14.70	5.02	0.00	0.00	CO-45	9.68
1306898036	0603	060325	1	82570	QW	17.85	4.50	0.00	0.00	CO-45	13.35
1306898036	0603	060325	1	3075F		0.00	0.00	0.00	0.00		0.00
1306898036	0603	060325	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0603	060325	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0603	060325	1	1036F		0.00	0.00	0.00	0.00		0.00
1306898036	0603	060325	1	3060F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM	TOTALS	514.55	153.24	0.00	0.00		361.31
ADJ TO TOTAL:	PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1:	Processed as Primary										153.24

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	3.79

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	514.55	153.24	0.00	0.00	361.31	149.45	3.79	149.45

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

