

UNITEDHEALTHCARE COMMUNITY PLAN INC DUAL []
MICHIGAN
KINGSTON, NY 124025290
(844)368-6885

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD
7740 BYRON CENTER AVE SW STE 202

BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-03-17
NONPAY #: 25072B1000335527
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CROSS, RHONDA L			HIC 126558801	ACNT 4984LMD642				ICN 25D565268700	ASG Y	MOA M115 M76 N122 N620
1306898036	0225 022525	11	1 G0439		-361.00	0.00	0.00	0.00	CO-45	-239.15 0.00
	(M1)		REM: M115						PR-242	-121.85
1306898036	0225 022525	11	1 99214	25	-241.68	0.00	0.00	0.00	CO-16	-241.68 0.00
	(M2)		REM: M76							
1306898036	0225 022525	11	1 G0442	XU	-30.00	0.00	0.00	0.00	CO-45	-13.78 0.00
	(M3)		REM: M115						PR-242	-16.22
1306898036	0225 022525	11	1 G0444	XU	-29.45	0.00	0.00	0.00	CO-45	-13.23 0.00
	(M4)		REM: M115						PR-242	-16.22
1306898036	0225 022525	11	1 82043	QW	-14.70	0.00	0.00	0.00	CO-45	-8.92 0.00
	(M5)		REM: M115						PR-242	-5.78
1306898036	0225 022525	11	1 82570	QW	-17.85	0.00	0.00	0.00	CO-45	-12.67 0.00
	(M6)		REM: M115						PR-242	-5.18
1306898036	0225 022525	11	1 G2211		-25.00	0.00	0.00	0.00	CO-97	-25.00 0.00
	(M7)		REM: N122							
1306898036	0225 022525	11	1 3074F		0.00	0.00	0.00	0.00		0.00
	(M8)		REM: N620							
1306898036	0225 022525	11	1 3078F		0.00	0.00	0.00	0.00		0.00
	(M9)		REM: N620							
1306898036	0225 022525	11	1 G9622		0.00	0.00	0.00	0.00		0.00
	(M10)		REM: N620							
1306898036	0225 022525	11	1 G8510		0.00	0.00	0.00	0.00		0.00
	(M11)		REM: N620							
1306898036	0225 022525	11	1 3061F		0.00	0.00	0.00	0.00		0.00
	(M12)		REM: N620							
PT RESP	0.00		CLAIM TOTALS		-719.68	0.00	0.00	0.00		-719.68 0.00
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: MI UNITEDHEALTHCARE DUAL COMPLETE HMOPOS H2247-001										
STATUS CODE 22: Reversal of Previous Payment										

NAME CROSS, RHONDA L			HIC 126558801	ACNT 4984LMD642				ICN 25D565268701	ASG Y	MOA M115 N122 N620
1306898036	0225 022525	11	1 G0439		361.00	0.00	0.00	0.00	CO-45	239.15 0.00
	(M1)		REM: M115						PR-242	121.85
1306898036	0225 022525	11	1 99214	25	241.68	0.00	0.00	0.00	CO-45	120.84 0.00
	(M2)		REM: M115						PR-242	120.84
1306898036	0225 022525	11	1 G0442	XU	30.00	0.00	0.00	0.00	CO-45	13.78 0.00
	(M3)		REM: M115						PR-242	16.22
1306898036	0225 022525	11	1 G0444	XU	29.45	0.00	0.00	0.00	CO-45	13.23 0.00
	(M4)		REM: M115						PR-242	16.22
1306898036	0225 022525	11	1 82043	QW	14.70	0.00	0.00	0.00	CO-45	8.92 0.00
	(M5)		REM: M115						PR-242	5.78
1306898036	0225 022525	11	1 82570	QW	17.85	0.00	0.00	0.00	CO-45	12.67 0.00
	(M6)		REM: M115						PR-242	5.18
1306898036	0225 022525	11	1 G2211		25.00	0.00	0.00	0.00	CO-97	25.00 0.00
	(M7)		REM: N122							
1306898036	0225 022525	11	1 3074F		0.00	0.00	0.00	0.00		0.00
	(M8)		REM: N620							
1306898036	0225 022525	11	1 3078F		0.00	0.00	0.00	0.00		0.00
	(M9)		REM: N620							
1306898036	0225 022525	11	1 G9622		0.00	0.00	0.00	0.00		0.00
	(M10)		REM: N620							
1306898036	0225 022525	11	1 G8510		0.00	0.00	0.00	0.00		0.00
	(M11)		REM: N620							
1306898036	0225 022525	11	1 3061F		0.00	0.00	0.00	0.00		0.00
	(M12)		REM: N620							
PT RESP	286.09		CLAIM TOTALS		719.68	0.00	0.00	0.00		719.68 0.00
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: MI UNITEDHEALTHCARE DUAL COMPLETE HMOPOS H2247-001										
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



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

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

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

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

M115 This item is denied when provided to this patient by a non-contract or non-demonstration supplier.

M76 Missing / incomplete / invalid diagnosis or condition.

N122 Add-on code cannot be billed by itself.

N620 Alert: This procedure code is for quality reporting / informational purposes only.

PR-242 Services not provided by network / primary care providers.