

OMAHA SUPPLEMENTAL INSURANCE COMPANY []  
3300 MUTUAL OF OMAHA PLZ  
OMAHA, NE 681751004  
(000)000-0000

REMITTANCE  
ADVICE

TIMOTHY J TOBOLIC MD PL [0006598733]  
STE 202  
7740 BYRON CENTER AVE  
BYRON CENTER, MI 49315

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-08-22  
EFT #: 727545725  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	MOA
NAME	HUIZENGA, LINDA E			HIC 88261996L	ACNT 7703LMD642				ICN 586283818500-020/20250816MIBA0445	ASG Y		
1013940584	0729	072925	11	G0439		361.00	0.00	0.00	0.00	OA-23	361.00	0.00
1013940584	0729	072925	11	99497 33		155.32	0.00	0.00	0.00	OA-23	155.32	0.00
1013940584	0729	072925	11	99214 25		241.68	24.17	0.00	0.00	OA-23	217.51	24.17
1013940584	0729	072925	11	G0136 33		65.00	0.00	0.00	0.00	OA-23	65.00	0.00
1013940584	0729	072925	11	G2211		25.00	3.05	0.00	0.00	OA-23	21.95	3.05
1013940584	0729	072925	11	82043 QW		14.70	0.00	0.00	0.00	OA-23	14.70	0.00
1013940584	0729	072925	11	82570 QW		17.85	0.00	0.00	0.00	OA-23	17.85	0.00
1013940584	0729	072925	11	G0442 XU		30.00	0.00	0.00	0.00	OA-23	30.00	0.00
1013940584	0729	072925	11	G0444 XU		29.45	0.00	0.00	0.00	OA-23	29.45	0.00
1013940584	0729	072925	11	0513F		0.00	0.00	0.00	0.00			0.00
1013940584	0729	072925	11	G8420		0.00	0.00	0.00	0.00			0.00
1013940584	0729	072925	11	G9622		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM TOTALS		940.00	27.22	0.00	0.00		912.78	27.22
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET	27.22
STATUS CODE 2: Processed as Secondary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	0.67

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	940.00	27.22	0.00	0.00	912.78	26.55	0.67	26.55

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

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

