

Cigna Supplemental Benefits []  
P.O. BOX 5710  
Scranton, PA 18505  
(000)000-0000

REMITTANCE  
ADVICE

TIMOTHY J TOBOLIC MD PLLC  
7740 BYRON CENTER AVE SW  
  
BYRON CENTER, MI 49315

NPI #: 1013940584  
PAGE #: 1 of 1  
DATE: 2025-07-16  
EFT #: 705873247  
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MAJOR, JOHN L			HIC 8090006240	ACNT 7073LMD642			ICN C14530319012	ASG Y	MOA	
272620668	0618 061825	1 99214			219.00	114.32	112.69	0.00	OA-253	0.13
	(11)								OA-23	104.55
272620668	0618 061825	1 99401			65.00	65.00	0.00	0.00	PR-96	65.00
	(11)									
272620668	0618 061825	1 36415			20.00	0.00	0.00	0.00	OA-253	0.18
	(11)								OA-23	19.82
272620668	0618 061825	1 G0446			65.00	0.00	0.00	0.00	OA-253	0.62
	(11)								OA-23	64.38
272620668	0618 061825	1 G0447			65.00	0.00	0.00	0.00	OA-253	0.62
	(11)								OA-23	64.38
PT RESP	177.69		CLAIM TOTALS		434.00	179.32	112.69	0.00		319.68
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 2: Processed as Secondary										1.63
PROVIDER ADJ DETAILS:		PLB REASON CODE	FCN/OTHER IDENTIFIER				HIC		AMOUNT	
		Adjustment (CS)	ZELIS				TRANSACTION		0.04	
							FEE			
TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT	
	1	434.00	179.32	112.69	0.00	319.68	1.59	0.04	1.59	

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  
OA-253 Sequestration - reduction in federal spending  
PR-1 Deductible Amount  
PR-96 Non-covered charge(s).

