

UMR []
 115 W Wausau Ave
 Wausau, WI 54401
 (000)000-0000

REMITTANCE
 ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
 STE 202
 7740 BYRON CENTER AVE SW
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-04-22
 EFT #: 657009996
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME EUWEMA, PETER			HIC 21291846	ACNT 5563LMD642		ICN 25092151008	ASG Y	MOA			
1013940584	0331	033125	11	99396		327.00	130.20	0.00	0.00	CO-45	130.20
1013940584	0331	033125	11	G0447 XU		0.00	0.00	0.00	0.00		0.00
1013940584	0331	033125	11	99401 33		0.00	0.00	0.00	0.00		0.00
1013940584	0331	033125	11	0513F		0.00	0.00	0.00	0.00		0.00
1013940584	0331	033125	11	G8417		0.00	0.00	0.00	0.00		0.00
1013940584	0331	033125	11	G9621		0.00	0.00	0.00	0.00		0.00
1013940584	0331	033125	11	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0331	033125	11	3060F		0.00	0.00	0.00	0.00		0.00
1013940584	0331	033125	11	99214 25		219.00	55.31	55.31	0.00	CO-45	0.00
1013940584	0331	033125	11	G0136 33		34.80	20.27	0.00	0.00	CO-45	20.27
1013940584	0331	033125	11	82043 QW		14.70	4.78	0.00	0.00	CO-45	4.78
1013940584	0331	033125	11	82570 QW		17.85	3.95	3.95	0.00	CO-45	0.00
1013940584	0331	033125	11	36415		20.00	1.80	0.00	0.00	CO-45	1.80
1013940584	0331	033125	11	G0446 XU		61.88	0.00	0.00	0.00	CO-234	0.00
REM: M80											
1013940584	0331	033125	11	96127 XU		40.00	5.47	0.00	0.00	CO-45	5.47
1013940584	0331	033125	11	96160 XU		5.30	4.69	0.00	0.00	CO-45	4.69
PT RESP	59.26			CLAIM TOTALS		740.53	226.47	59.26	0.00		167.21
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	167.21
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	4.13

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	740.53	226.47	59.26	0.00	514.06	163.08	4.13	163.08

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

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

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

M80 Not covered when performed during the same session / date as a previously processed service for the patient.

PR-1 Deductible Amount

