TIMOTHY J. TOBOLIC, MD, PLLC 7740 BYRON CENTER AVE SW STE 202 BYRON CENTER, MI 493156929

NPI #: 1982923660 PAGE #: 1 of 1 2025-05-23 DATE: EFT #: 899219862 TAX ID #: 272620668

REND PROV	SERV	DATE	POS	NOS	PROC	MOD:	S	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PD
NAME MENA	CHER, J	TAMES B		HIC	1F96J	73EU53	ACNT	6261LMD64	42	ICN 1	18251296062	70 ASG	Y MOA	MA01 MA18 MA
101394058	1 0507	050725	11	1	99215	25		295.00	169.85	0.00	33.97	CO-45	125.15	133.16
												CO-253	2.72	
101394058	1 0507	050725	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
101394058	1 0507	050725	11	1	G2211			25.00	0.00	0.00	0.00	CO-234	25.00	0.00
						REM: 1	120							
.01394058	1 0507	050725	11	1	2000F			0.00	0.00	0.00	0.00			0.00
						REM: 1	1620							
	33.9	97			CLAIM	TOTALS		340.00	178.94	0.00	33.97		163.96	142.07
T RESP						T310001		0 00	T 3 mm	ETT.TNC	CHARGE	0 00	NET	142.07
		REV PD				TMLE	REST	0.00	LAIL	LIDING	CHARGE	0.00	NET	142.0/
PT RESP ADJ TO TO: STATUS COI	TAL: PR			as Pr	imary,				nal Payer(:		CHARGE	0.00	NET	142.07
DJ TO TO	TAL: PR	Proces	sed a			Forwa	rded t				CHARGE	0.00	NET	142.07
ADJ TO TO: STATUS COI	TAL: PR DE 19: DRMATIC	Proces	sed a	O TO:	MUTUA	Forwar L OF O	rded to	o Addition	nal Payer(s)	18251296064			MA01 MA15
DJ TO TO: TATUS COI LAIM INFO	TAL: PROE 19: ORMATIC	Process ON FORWARD	sed a	HIC	MUTUA 3G58Q	Forwar L OF O	rded to MAHA ACNT	o Addition	nal Payer(:	s)	18251296064			MA01 MA15
ADJ TO TO: STATUS COI LAIM INFO	TAL: PROE 19: ORMATIC	Process ON FORWARD	sed a	HIC	MUTUA 3G58Q	Forwar L OF OI	rded to MAHA ACNT	o Addition	nal Payer(:	iCN :	18251296064	40 ASG CO-45	Y MOA	MA01 MA15 9.52
DJ TO TO: TATUS COI LAIM INFO IAME WEAVI .306898030	TAL: PROE 19: DRMATIC	Process ON FORWARD BECCA L 042125	sed a	HIC 1	MUTUA 3G58Q 83036	Forwar L OF OI M6DM63 QW	rded to	o Addition	nal Payer(: 42 9.71	iCN :	18251296064 0.00	40 ASG CO-45 CO-253	Y MOA 51.19 0.19	MA01 MA15 9.52
ADJ TO TO: STATUS COI CLAIM INFO IAME WEAVI .306898030	FAL: PR DE 19: DRMATIC ER, REF 5 0421	Process ON FORWARD BECCA L 042125	sed a	HIC 1	MUTUA 3G58Q 83036 CLAIM	Forwar L OF OI M6DM63 QW TOTALS	rded to	6265LMD64 60.90	9.71	ICN 20.00	18251296064 0.00	40 ASG CO-45 CO-253	Y MOA 51.19	MA01 MA15 9.52 9.52
DJ TO TO: TATUS COI TATUS COI TAME WEAVI 306898030 T RESP DJ TO TO:	TAL: PR DE 19: DRMATIC ER, REE 5 0421 0.0 TAL: PR	Process ON FORWARD BECCA L 042125 00 REV PD	sed a	HIC 1	MUTUA 3G58Q 83036 CLAIM	Forwar L OF OI M6DM63 QW TOTALS	rded to	6265LMD64	9.71	ICN 20.00	18251296064 0.00 0.00	40 ASG CO-45 CO-253	Y MOA 51.19 0.19 51.38	MA01 MA15 9.52 9.52
DJ TO TO: STATUS COI CLAIM INFO IAME WEAVI 306898030 PT RESP ADJ TO TO: STATUS COI	TAL: PR DE 19: DRMATIC ER, REE 5 0421 0.0 TAL: PR	Process DN FORW BECCA L 042125 00 REV PD Processe	sed a	HIC 1	MUTUA 3G58Q 83036 CLAIM	Forwar L OF OI M6DM63 QW TOTALS INTE	rded to	6265LMD64 60.90 60.90 0.00	9.71	ICN 20.00	18251296064 0.00 0.00	40 ASG CO-45 CO-253	Y MOA 51.19 0.19 51.38	MA01 MA15 9.52 9.52
ADJ TO TO: STATUS COI CLAIM INFO NAME WEAVI	TAL: PR DE 19: DRMATIC ER, REE 5 0421 0.0 TAL: PR DE 1: F	Process BECCA L 042125 00 REV PD Processe	sed a	HIC 1	MUTUA 3G58Q 83036 CLAIM	Forwar L OF OR M6DM63 QW TOTALS INTER	rded to MAHA ACNT REST	6265LMD64 60.90 60.90 0.00	9.71 LATE	ICN 10.00 0.00 FILING	18251296064 0.00 0.00 CHARGE	40 ASG CO-45 CO-253 0.00	Y MOA 51.19 0.19 51.38 NET	MA01 MA15 9.52 9.52 9.52

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

CO-253

Sequestration - reduction in federal spending
Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement. CO-45

MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.

Service not payable with other service rendered on the same date. N20

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

PR-2 Coinsurance Amount