

MERIDIAN HEALTH PLAN OF MICHIGAN []
 MEDICARE-MEDICAID PLAN
 FARMINGTON, MO 63640
 (800)225-2573

REMITTANCE
 ADVICE

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

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-06-05
 EFT #: 683661697
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BAKER, CHARLES			HIC 1226533136	ACNT	6390LMD642			ICN Y148MIE15542	ASG Y	MOA	
1013940584	0514	051425	1	99214	25	219.00	115.67	0.00	0.00	CO-45	115.67
1013940584	0514	051425	1	99401	25	65.00	25.73	0.00	0.00	CO-45	25.73
1013940584	0514	051425	1	G0447	XU	65.00	0.00	0.00	0.00	CO-96	0.00
REM: N448											
1013940584	0514	051425	1	G2211		25.00	0.00	0.00	0.00	CO-96	0.00
REM: N448											
1013940584	0514	051425	1	G0446	XU	65.00	0.00	0.00	0.00	CO-45	0.00
1013940584	0514	051425	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1	0513F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1	G8417		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			439.00	141.40	0.00	0.00	297.60	141.40
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	141.40
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	3.49

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	439.00	141.40	0.00	0.00	297.60	137.91	3.49	137.91

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 CO-96 Non-covered charge(s).
 N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement

