

ASR Health Benefits []
PO Box 6392
Grand Rapids, MI 49516
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY TOBOLIC MD PLLC
SUITE 202
7740 BYRON CENTER AVENUE
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-07-17
EFT #: 704704665
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	NIEMCZYK, DYLAN				HIC P0481971	ACNT 7144LMD642			ICN 6369275401	ASG Y	MOA	
	0624	062425	11	1	99395	25	297.00	143.73	0.00	0.00	CO-45	143.73
	0624	062425	11	1	36415		20.00	4.30	0.00	0.00	CO-45	4.30
	0624	062425	11	1	G0136	33	65.00	48.75	0.00	0.00	CO-45	48.75
	0624	062425	11	1	99406	33	23.00	18.52	0.00	0.00	CO-45	18.52
	0624	062425	11	1	G0442	XU	30.00	25.91	25.91	0.00	CO-45	0.00
	0624	062425	11	1	G0444	XU	29.45	25.91	0.00	0.00	CO-45	25.91
	0624	062425	11	1	G9622		0.00	0.00	0.00	0.00		0.00
	0624	062425	11	1	G8427		0.00	0.00	0.00	0.00		0.00
	0624	062425	11	1	3075F		0.00	0.00	0.00	0.00		0.00
	0624	062425	11	1	3079F		0.00	0.00	0.00	0.00		0.00
	0624	062425	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	25.91				CLAIM TOTALS		464.45	267.12	25.91	0.00		241.21
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	241.21
PLAN TYPE: AS1											NET	
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	5.96

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	464.45	267.12	25.91	0.00	197.33	235.25	5.96	235.25

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
PR-1 Deductible Amount

