

Molina Healthcare of Michigan []
200 Oceangate, 6th Floor
Long Beach, CA 90802

REMITTANCE
ADVICE

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

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-07-11
EFT #: 1198229765
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	VISSER, JOSHUA R		HIC 1027044632	ACNT	7171LMD642			ICN 25181166439	ASG Y	MOA	
1013940584	0610	061025	1	99214		219.00	121.18	0.00	0.00	CO-45	121.18
1013940584	0610	061025	1	G8427		0.00	0.00	0.00	0.00		0.00
1013940584	0610	061025	1	G8476		0.00	0.00	0.00	0.00		0.00
1013940584	0610	061025	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0610	061025	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0610	061025	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0610	061025	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0610	061025	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0610	061025	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0610	061025	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0610	061025	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		219.00	121.18	0.00	0.00		121.18
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	121.18
PLAN TYPE: QMXPB8055										NET	
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Claim transmission fee amount (AH)		1198229765		2.41

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	219.00	121.18	0.00	0.00	97.82	118.77	2.41	118.77

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

