

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: 2025-06-03  
EFT #: 1192228533  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	WARBER, JOSHUA				HIC 0004910320	ACNT 6449LMD642			ICN 25142115462		ASG Y MOA		
1013940584	0515	051525	1	99385	25		341.00	149.06	0.00	0.00	CO-45	191.94	149.06
1013940584	0515	051525	1	G0136	33		65.00	23.49	0.00	0.00	CO-45	41.51	3.49
											PR-3	20.00	
1013940584	0515	051525	1	G0442	XU		30.00	21.90	0.00	0.00	CO-45	8.10	21.90
1013940584	0515	051525	1	G0444	XU		29.45	0.00	0.00	0.00	CO-97	29.45	0.00
						REM: N19							
1013940584	0515	051525	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	20.00				CLAIM TOTALS		465.45	194.45	0.00	0.00		291.00	174.45
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET	174.45
PLAN TYPE:	40047MI0010001												
STATUS CODE 1:	Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Claim transmission fee amount (AH)		1192228533		3.47

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	465.45	194.45	0.00	0.00	291.00	170.98	3.47	170.98

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated  
N19 Procedure code incidental to primary procedure.  
PR-3 Co-payment Amount

