

GOLDEN RULE INSURANCE COMPANY []  
PO BOX 31374  
SALT LAKE CITY, UT 841310374  
(800)657-8205

REMITTANCE  
ADVICE

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

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-04-18  
NONPAY #: G04142500770  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KOOIENGA, JANINE			HIC 059901991		ACNT 5735LMD642		ICN 25101-44222-00			ASG Y	MOA	
1306898036	0408	040825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00	LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 4: Denied												

NAME KOOIENGA, JANINE			HIC 059901991		ACNT 5735LMD642		ICN 25101-44222-01			ASG Y	MOA MA15	
1306898036	0408	040825	11	1	99213		146.00	74.71	74.71	0.00	CO-45	71.29
PT RESP		74.71			CLAIM TOTALS		146.00	74.71	74.71	0.00		71.29
ADJ TO TOTAL: PREV PD					INTEREST		0.00	LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	146.00	74.71	74.71	0.00	71.29	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

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

PR-1 Deductible Amount

