

AETNA []
151 FARMINGTON AVENUE
HARTFORD, CT 06156
(000)000-0000

REMITTANCE
ADVICE

TOBOLIC, TIMOTHY J [355706410]
7740 BYRON CENTER AVE SW STE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-04-18
EFT #: 882510401012346
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	SOTTOVIA, JULIE L				HIC 101945058500 ACNT	5489LMD642				ICN EJFDMVFTC0001	ASG Y MOA	
1306898036	0326	032625	11	1	99396 25		-327.00	0.00	0.00	-51.08	CO-253	-75.08
					REM: N694						CO-45	-199.31
1306898036	0326	032625	11	1	G0136 33		-34.80	0.00	0.00	-8.70	CO-253	-8.53
					REM: N694 N669						CO-45	-17.40
1306898036	0326	032625	11	1	96127 XU		-40.00	0.00	0.00	-2.10	CO-253	-2.07
					REM: N694 N669						CO-45	-35.79
1306898036	0326	032625	11	1	96160 XU		-15.00	0.00	0.00	-1.32	CO-253	-1.30
					REM: N694 N669						CO-45	-12.35
1306898036	0326	032625	11	1	36415		-20.00	0.00	0.00	0.00	CO-253	-8.91
					REM: N694 N669						CO-45	-10.91
1306898036	0326	032625	11	1	G0447 XU		-65.00	0.00	0.00	0.00	PR-96	0.00
					REM: N694 N216							
1306898036	0326	032625	11	1	99401 33		-65.00	0.00	0.00	0.00	PR-97	0.00
					REM: N694 N19							
1306898036	0326	032625	11	1	3074F		0.00	0.00	0.00	0.00		0.00
					REM: N694 N620							
1306898036	0326	032625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
					REM: N694 N620							
1306898036	0326	032625	11	1	G9622		0.00	0.00	0.00	0.00		0.00
					REM: N694 N620							
1306898036	0326	032625	11	1	G8510		0.00	0.00	0.00	0.00		0.00
					REM: N694 N620							
PT RESP	0.00				CLAIM TOTALS		-566.80	0.00	0.00	-63.20		-95.89
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	-95.89
PLAN TYPE: PPO - MEDICARE (AETNA)												
STATUS CODE 22: Reversal of Previous Payment												

NAME	SOTTOVIA, JULIE L				HIC 101945058500 ACNT	5489LMD642				ICN EJFDMVFTC0004	ASG Y MOA	MA67
1306898036	0326	032625	11	1	99396 25		327.00	127.69	0.00	51.08	CO-253	75.08
					REM: N377 MA67						CO-45	199.31
1306898036	0326	032625	11	1	99401 25		65.00	0.00	0.00	0.00	PR-97	0.00
					REM: N377 MA67 N19							
1306898036	0326	032625	11	1	G0136 33		34.80	17.40	0.00	8.70	CO-253	8.53
					REM: N377 MA67 N669						CO-45	17.40
1306898036	0326	032625	11	1	96127 XU		40.00	4.21	0.00	2.10	CO-253	2.07
					REM: N377 MA67 N669						CO-45	35.79
1306898036	0326	032625	11	1	96160 XU		15.00	2.65	0.00	1.32	CO-253	1.30
					REM: N377 MA67 N669						CO-45	12.35
1306898036	0326	032625	11	1	36415		20.00	9.09	0.00	0.00	CO-253	8.91
					REM: N377 MA67 N669						CO-45	10.91
1306898036	0326	032625	11	1	G0447 XU		65.00	30.94	0.00	15.47	CO-253	15.16
					REM: N377 MA67 N669						CO-45	34.06
1306898036	0326	032625	11	1	3074F		0.00	0.00	0.00	0.00		0.00
					REM: N377 MA67 N620							
1306898036	0326	032625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
					REM: N377 MA67 N620							
1306898036	0326	032625	11	1	G9622		0.00	0.00	0.00	0.00		0.00
					REM: N377 MA67 N620							
1306898036	0326	032625	11	1	G8510		0.00	0.00	0.00	0.00		0.00
					REM: N377 MA67 N620							
PT RESP	143.67				CLAIM TOTALS		566.80	191.98	0.00	78.67		111.05
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	111.05
PLAN TYPE: PPO - MEDICARE (AETNA)												
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	0.00	191.98	0.00	15.47	-30.63	15.16	0.00	15.16

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-253 Sequestration - reduction in federal spending
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.



AETNA		REMITTANCE
NPI #:	1982923660	TOBOLIC, TIMOTHY J [355706410]
EFT #:	882510401012346	PAGE #: 2 of 2
MA67	Correction to a prior claim.	ADVISE
N19	Procedure code incidental to primary procedure.	DATE: 2025-04-18
N216	Patient is not enrolled in this portion of our benefit package	
N377	Payment based on a processed replacement claim.	
N620	Alert: This procedure code is for quality reporting / informational purposes only.	
N669	Adjusted based on the Medicare fee schedule.	
N694	Alert: This reversal is due to a resubmission / change to the claim by the provider.	
PR-2	Coinsurance Amount	
PR-96	Non-covered charge(s).	
PR-97	Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated	

