

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: 2025-04-30
EFT #: 661261901
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	DICKEY, JASON				HIC P0466734		ACNT 5884LMD642			ICN 6341764101	ASG Y MOA	
	0416	041625	11	1	99214	25	219.00	132.98	100.00	6.60	CO-45	26.38
	0416	041625	11	1	20610		155.00	94.20	0.00	0.00	CO-45	94.20
	0416	041625	11	1	G0447	XU	65.00	37.09	0.00	7.42	CO-45	29.67
	0416	041625	11	1	99401	25	65.00	47.38	0.00	0.00	CO-45	47.38
	0416	041625	11	1	3008F		0.00	0.00	0.00	0.00		0.00
	0416	041625	11	1	2001F		0.00	0.00	0.00	0.00		0.00
	0416	041625	11	1	2000F		0.00	0.00	0.00	0.00		0.00
	0416	041625	11	1	1000F		0.00	0.00	0.00	0.00		0.00
	0416	041625	11	1	1159F		0.00	0.00	0.00	0.00		0.00
	0416	041625	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	114.02				CLAIM	TOTALS	504.00	311.65	100.00	14.02		197.63
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	197.63
PLAN TYPE:	AS1											
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	4.88

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	504.00	311.65	100.00	14.02	192.35	192.75	4.88	192.75

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
PR-2 Coinsurance Amount

