

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 493156929

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-05-27
EFT #: 825141000237778
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MAXWELL, EDWARD M			HIC W254204360		ACNT	6087LMD642	ICN EWPDLMN560000		ASG Y	MOA MA15		
1982923660	0428	042825	11	1	99401	25	65.00	0.00	0.00	0.00	CO-97	65.00 0.00
							REM: N20					
1982923660	0428	042825	11	1	99215	25	295.00	228.28	0.00	0.00	CO-45	66.72 198.28
							PR-3 30.00					
1982923660	0428	042825	11	1	83036	QW	60.90	10.35	0.00	2.07	CO-45	50.55 8.28
1982923660	0428	042825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1982923660	0428	042825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1982923660	0428	042825	11	1	3051F		0.00	0.00	0.00	0.00		0.00
PT RESP	32.07			CLAIM TOTALS			420.90	238.63	0.00	2.07		212.27 206.56
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 206.56
PLAN TYPE: OPEN CHOICE NET 04632												
STATUS CODE 1: Processed as Primary												

NAME MAXWELL, EDWARD M			HIC W254204360		ACNT	6087LMD642	ICN EWPDLMN560002		ASG Y	MOA MA15		
1982923660	0428	042825	11	1	G0447	XU	65.00	39.73	0.00	0.00	CO-45	25.27 39.73
PT RESP	0.00			CLAIM TOTALS			65.00	39.73	0.00	0.00		25.27 39.73
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 39.73
PLAN TYPE: OPEN CHOICE NET 04632												
STATUS CODE 1: Processed as Primary												

NAME HAIGHT, KELLY L			HIC W22387982903		ACNT	6097LMD642	ICN E0Y2LH2TT0000		ASG Y	MOA MA15		
1982923660	0429	042925	11	1	99214	25	219.00	162.60	162.60	0.00	CO-45	56.40 0.00
1982923660	0429	042925	11	1	36415		20.00	11.78	0.00	0.00	CO-45	8.22 11.78
1982923660	0429	042925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1982923660	0429	042925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1982923660	0429	042925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1982923660	0429	042925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
PT RESP	162.60			CLAIM TOTALS			239.00	174.38	162.60	0.00		64.62 11.78
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 11.78
PLAN TYPE: AETNA CHOICE POS II NET 04633												
STATUS CODE 1: Processed as Primary												

NAME DEPAS, JOHN S			HIC W147338737		ACNT	6102LMD642	ICN E9ADK98CV0000		ASG Y	MOA MA15		
1982923660	0321	032125	11	1	99396	25	327.00	212.40	0.00	0.00	CO-45	114.60 212.40
1982923660	0321	032125	11	1	36415		20.00	11.78	0.00	0.00	CO-45	8.22 11.78
1982923660	0321	032125	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1982923660	0321	032125	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1982923660	0321	032125	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1982923660	0321	032125	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS			347.00	224.18	0.00	0.00		122.82 224.18
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 224.18
PLAN TYPE: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633												
STATUS CODE 1: Processed as Primary												

NAME DEPAS, JOHN S			HIC W147338737		ACNT	6102LMD642	ICN E9ADK98CV0002		ASG Y	MOA MA15		
1982923660	0321	032125	11	1	G0442	XU	30.00	27.89	0.00	0.00	CO-45	2.11 27.89
1982923660	0321	032125	11	1	G0136	33	34.80	28.40	28.40	0.00	CO-45	6.40 0.00
PT RESP	28.40			CLAIM TOTALS			64.80	56.29	28.40	0.00		8.51 27.89
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 27.89
PLAN TYPE: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633												
STATUS CODE 1: Processed as Primary												



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EFT #:	825141000237778	PAGE #: 2 of 2	DATE: 2025-05-27	

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME COLE, EDWARD				HIC W281119467		ACNT 6387LMD642		ICN E9ADLLX9V0000		ASG Y		MOA MA15		
1982923660	0514	051425	11	1	99213	25		146.00	114.77	114.77	0.00	CO-45	31.23	0.00
1982923660	0514	051425	11	1	36415			20.00	11.78	11.78	0.00	CO-45	8.22	0.00
1982923660	0514	051425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1982923660	0514	051425	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1982923660	0514	051425	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1982923660	0514	051425	11	1	2001F			0.00	0.00	0.00	0.00			0.00
PT RESP		126.55		CLAIM TOTALS				166.00	126.55	126.55	0.00		39.45	0.00
ADJ TO TOTAL: PREV PD								INTEREST		0.00		LATE FILING CHARGE		0.00
PLAN TYPE: AETNA HEALTHFUND								AETNA CHOICE		POS II NET 04633		NET		0.00
STATUS CODE 1: Processed as Primary														

NAME COLE, EDWARD				HIC W281119467		ACNT 6387LMD642		ICN E9ADLLX9V0001		ASG Y		MOA MA15		
1982923660	0514	051425	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1982923660	0514	051425	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1982923660	0514	051425	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1982923660	0514	051425	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1982923660	0514	051425	11	1	1000F			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	0.00
ADJ TO TOTAL: PREV PD								INTEREST		0.00		LATE FILING CHARGE		0.00
PLAN TYPE: AETNA HEALTHFUND								AETNA CHOICE		POS II NET 04633		NET		0.00
STATUS CODE 1: Processed as Primary														

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	7	1302.70	859.76	317.55	2.07	472.94	510.14	0.00	510.14

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

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

N20 Service not payable with other service rendered on the same date.

PR-1 Deductible Amount

PR-2 Coinsurance Amount

PR-3 Co-payment Amount

