

OMAHA SUPPLEMENTAL INSURANCE COMPANY []  
 3300 MUTUAL OF OMAHA PLZ  
 OMAHA, NE 681751004  
 (000)000-0000

REMITTANCE  
 ADVICE

TIMOTHY J TOBOLIC MD PL [0006598733]  
 STE 202  
 7740 BYRON CENTER AVE  
 BYRON CENTER, MI 49315

NPI #: 1982923660  
 PAGE #: 1 of 1  
 DATE: 2025-03-12  
 NONPAY #: 202503122336541005427  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	MOA
NAME	MCMURRAY, JOAN H		HIC	25851296L	ACNT	4922LMD642		ICN	586362983800-001/20250312MIBA0466	ASG Y		
1306898036	0221	022125	11	G0439		361.00	0.00	0.00	0.00	OA-23	361.00	0.00
1306898036	0221	022125	11	99214	25	241.68	0.00	120.84	0.00	OA-23	120.84	0.00
					REM: N536							
1306898036	0221	022125	11	99497	33	132.00	0.00	0.00	0.00	OA-23	132.00	0.00
1306898036	0221	022125	11	G2211		25.00	0.00	15.26	0.00	OA-23	9.74	0.00
					REM: N536							
1306898036	0221	022125	11	36415		20.00	0.00	0.00	0.00	OA-23	20.00	0.00
1306898036	0221	022125	11	G0442	XU	30.00	0.00	0.00	0.00	OA-23	30.00	0.00
1306898036	0221	022125	11	G0444	XU	29.45	0.00	0.00	0.00	OA-23	29.45	0.00
1306898036	0221	022125	11	1036F		0.00	0.00	0.00	0.00			0.00
1306898036	0221	022125	11	G9622		0.00	0.00	0.00	0.00			0.00
1306898036	0221	022125	11	G8510		0.00	0.00	0.00	0.00			0.00
PT RESP	136.10			CLAIM TOTALS		839.13	0.00	136.10	0.00		703.03	0.00
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 2: Processed as Secondary												

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	839.13	0.00	136.10	0.00	703.03	0.00	0.00	0.00

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

N536 We are not changing the prior payer's determination of patient responsibility, which you may collect, as this service is not covered by us.  
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments  
 PR-1 Deductible Amount

