

Molina Healthcare of Michigan []
200 Oceangate, 6th Floor
Long Beach, CA 90802

REMITTANCE
ADVICE

TOBOLIC TIMOTHY MD
7740 BYRON CENTER AVE
STE 202
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-06-27
EFT #: 1196160408
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	LEMSON, MIRANDA R		HIC	1268139955	ACNT	6927LMD642			ICN	25170122259	ASG Y	MOA
1013940584	0611	061125	1	99214	25		219.00	121.18	0.00	0.00	CO-45	121.18
1013940584	0611	061125	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0611	061125	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0611	061125	1	G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0611	061125	1	G2211			25.00	0.00	0.00	0.00	CO-96	0.00
					REM: N643							
1013940584	0611	061125	1	G0446	XU		61.88	0.00	0.00	0.00	CO-96	0.00
					REM: N643							
PT RESP	0.00				CLAIM TOTALS		305.88	121.18	0.00	0.00		121.18
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	121.18
PLAN TYPE: TQMXBP6757												
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Claim transmission fee amount (AH)		1196160408		2.41

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	305.88	121.18	0.00	0.00	184.70	118.77	2.41	118.77

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-96 Non-covered charge(s).
N643 The services billed are considered Not Covered or Non-Covered (NC) in the applicable state fee schedule.

