

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 1  
DATE: 2025-07-28  
EFT #: 825204000196504  
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME EVERS, GINA D		HIC W242949368		ACNT 7212LMD642	ICN EQTYPH1J50000		ASG Y	MOA MA15		
1982923660	0630 063025 11	1 99396 25			327.00	212.40	0.00	0.00	CO-45	114.60 212.40
1982923660	0630 063025 11	1 96127 XU			40.00	7.48	0.00	0.00	CO-45	32.52 7.48
1982923660	0630 063025 11	1 96127 XU			40.00	7.48	0.00	0.00	CO-45	32.52 7.48
1982923660	0630 063025 11	1 36415			20.00	11.78	0.00	0.00	CO-45	8.22 11.78
1982923660	0630 063025 11	1 3078F			0.00	0.00	0.00	0.00		0.00
1982923660	0630 063025 11	1 3074F			0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS		427.00	239.14	0.00	0.00		187.86 239.14
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE		0.00	NET 239.14
PLAN TYPE: AETNA CHOICE					POS II NET 04633					
STATUS CODE 1: Processed as Primary										

NAME EVERS, GINA D		HIC W242949368		ACNT 7212LMD642	ICN EQTYPH1J50001		ASG Y	MOA MA15		
1982923660	0630 063025 11	1 G9622			0.00	0.00	0.00	0.00		0.00
1982923660	0630 063025 11	1 G8510			0.00	0.00	0.00	0.00		0.00
1982923660	0630 063025 11	1 G8476			0.00	0.00	0.00	0.00		0.00
1982923660	0630 063025 11	1 G8420			0.00	0.00	0.00	0.00		0.00
1982923660	0630 063025 11	1 G0513			118.72	0.00	0.00	0.00	CO-B15	118.72 0.00
					REM: N674					
1982923660	0630 063025 11	1 G0136 33			34.80	28.40	0.00	0.00	CO-45	6.40 28.40
PT RESP		0.00	CLAIM TOTALS		153.52	28.40	0.00	0.00		125.12 28.40
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE		0.00	NET 28.40
PLAN TYPE: AETNA CHOICE					POS II NET 04633					
STATUS CODE 1: Processed as Primary										

NAME BLANK, CHARLEY ELIZABE		HIC W241642308		ACNT 7492LMD642	ICN EIJNMZTSS0001		ASG Y	MOA MA15		
1982923660	0716 071625 11	1 G8420			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
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: AETNA CHOICE					POS II NET 04633					
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
	3	580.52	267.54	0.00	0.00	312.98	267.54	0.00	267.54

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
CO-B15 Payment adjusted because this service / procedure requires that a qualifying service / procedure be received and covered. The qualifying other service / procedure has not been received / adjudicated.  
MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.  
N674 Not covered unless a pre-requisite procedure / service has been provided.

