

UNITED HEALTHCARE INSURANCE COMPANY []
9900 BREN ROAD
MINNETONKA, MN 553439664
(877)842-3210

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC
7740 BYRON CENTER AVE SW STE 2

BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-26
NONPAY #: T0147261
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME THOMAS, WILLIAM M			HIC 912691337		ACNT 4604LMD642		ICN STL3692956400			ASG Y	MOA	
INSURED NAME: THOMAS JR, WILLIAM M												
1013940584	0131	013125	11	1	99214	25	219.00	219.00	0.00	0.00	PR-26	219.00 0.00
1013940584	0131	013125	11	1	G2211		25.00	25.00	0.00	0.00	PR-26	25.00 0.00
1013940584	0131	013125	11	1	99408		61.00	61.00	0.00	0.00	PR-26	61.00 0.00
1013940584	0131	013125	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0131	013125	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0131	013125	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0131	013125	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0131	013125	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0131	013125	11	1	2000F		0.00	0.00	0.00	0.00		0.00
PT RESP		305.00		CLAIM TOTALS			305.00	305.00	0.00	0.00		305.00 0.00
ADJ TO TOTAL: PREV PD				INTEREST			0.00		LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: AARP MEDICARE ADVANTAGE												
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
	1	305.00	305.00	0.00	0.00	305.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
PR-26 Expenses incurred prior to coverage.

