

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: 2025-03-31
 EFT #: 825085000335991
 TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME ROTTMAN, JASON P				HIC W276922384		ACNT	5403LMD642	ICN E9RWKDG8T0001		ASG Y	MOA MA15			
1982923660	1223	122324	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1982923660	1223	122324	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1982923660	1223	122324	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1982923660	1223	122324	11	1	G0136 33			34.80	27.90	27.90	0.00	CO-45	6.90	0.00
PT RESP				27.90	CLAIM TOTALS			34.80	27.90	27.90	0.00		6.90	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 11244														
STATUS CODE 1: Processed as Primary														

NAME BLANK, ELIZABETH				HIC W241642308		ACNT	5044LMD642	ICN EMADL7W730000		ASG Y	MOA			
1982923660	0228	022825	11	1	36415			20.00	11.58	0.00	0.00	CO-45	8.42	11.58
PT RESP				0.00	CLAIM TOTALS			20.00	11.58	0.00	0.00		8.42	11.58
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET	11.58	
PLAN TYPE: AETNA CHOICE POS II NET 04633														
STATUS CODE 1: Processed as Primary														

NAME BLANK, BLAKE				HIC W241642308		ACNT	5106LMD642	ICN E7YKJZZR0000		ASG Y	MOA MA15			
1982923660	0305	030525	11	1	99395			297.00	200.06	0.00	0.00	CO-45	96.94	200.06
1982923660	0305	030525	11	1	36415			20.00	11.78	0.00	0.00	CO-45	8.22	11.78
1982923660	0305	030525	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1982923660	0305	030525	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1982923660	0305	030525	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1982923660	0305	030525	11	1	G8431			0.00	0.00	0.00	0.00			0.00
PT RESP				0.00	CLAIM TOTALS			317.00	211.84	0.00	0.00		105.16	211.84
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET	211.84	
PLAN TYPE: AETNA CHOICE POS II NET 04633														
STATUS CODE 1: Processed as Primary														

NAME BLANK, BLAKE				HIC W241642308		ACNT	5106LMD642	ICN E7YKJZZR0001		ASG Y	MOA MA15			
1982923660	0305	030525	11	1	G0444 XU 33			29.45	0.00	0.00	0.00	CO-97	29.45	0.00
REM: N19														
1982923660	0305	030525	11	1	G0442 XU			30.00	27.89	0.00	0.00	CO-45	2.11	27.89
PT RESP				0.00	CLAIM TOTALS			59.45	27.89	0.00	0.00		31.56	27.89
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET	27.89	
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
	4	431.25	279.21	27.90	0.00	152.04	251.31	0.00	251.31

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.

N19 Procedure code incidental to primary procedure.

PR-1 Deductible Amount

