

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 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-08-20
 EFT #: 882522601036825
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VELTMAN, DANIEL R			HIC 101633186500	ACNT 7924LMD642				ICN ENPDP745F0000	ASG Y MOA	
1306898036	0808 080825	11	1 99214	25	219.00	120.84	0.00	18.13	CO-253	100.66
				REM: N669					2.05	
1306898036	0808 080825	11	1 81003		33.60	2.25	0.00	0.00	CO-45	2.20
				REM: N669					98.16	
1306898036	0808 080825	11	1 3074F		0.00	0.00	0.00	0.00	CO-253	0.00
				REM: N620					0.05	
1306898036	0808 080825	11	1 3078F		0.00	0.00	0.00	0.00	CO-45	0.00
				REM: N620					31.35	
1306898036	0808 080825	11	1 1036F		0.00	0.00	0.00	0.00		0.00
				REM: N620						
1306898036	0808 080825	11	1 3008F		0.00	0.00	0.00	0.00		0.00
				REM: N620						
1306898036	0808 080825	11	1 2001F		0.00	0.00	0.00	0.00		0.00
				REM: N620						
1306898036	0808 080825	11	1 2000F		0.00	0.00	0.00	0.00		0.00
				REM: N620						
1306898036	0808 080825	11	1 1000F		0.00	0.00	0.00	0.00		0.00
				REM: N620						
1306898036	0808 080825	11	1 1159F		0.00	0.00	0.00	0.00		0.00
				REM: N620						
1306898036	0808 080825	11	1 1160F		0.00	0.00	0.00	0.00		0.00
				REM: N620						
PT RESP	18.13		CLAIM TOTALS		252.60	123.09	0.00	18.13		102.86
ADJ TO TOTAL: PREV PD			INTEREST		0.00					
PLAN TYPE: ESA - MEDICARE (AETNA)							LATE FILING CHARGE		0.00	102.86
STATUS CODE 1: Processed as Primary									NET	

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	252.60	123.09	0.00	18.13	131.61	102.86	0.00	102.86

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-253 Sequestration - reduction in federal spending
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N620 Alert: This procedure code is for quality reporting/informational purposes only.
 N669 Adjusted based on the Medicare fee schedule.
 PR-2 Coinsurance Amount

