

MERIDIAN HEALTH PLAN OF MICHIGAN []
 MEDICARE-MEDICAID PLAN
 FARMINGTON, MO 63640
 (800)225-2573

REMITTANCE
 ADVICE

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

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-07-25
 EFT #: 711589938
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HASTY, JACKSON DANIE		HIC 0092327245	ACNT 7409LMD642					ICN Y195MIE30129	ASG Y MOA	
1306898036	0711 071125	1 99385	25		341.00	122.79	0.00	0.00	CO-45	218.21 122.79
1306898036	0711 071125	1 36415			20.00	7.91	0.00	0.00	CO-45	12.09 7.91
1306898036	0711 071125	1 G0136	33		34.80	12.75	0.00	0.00	CO-45	22.05 12.75
1306898036	0711 071125	1 96127	XU		40.00	3.13	0.00	0.00	CO-45	36.87 3.13
1306898036	0711 071125	1 G0447	XU		65.00	0.00	0.00	0.00	CO-96	65.00 0.00
			REM: N448							
1306898036	0711 071125	1 G0442	XU		40.00	0.00	0.00	0.00	CO-96	40.00 0.00
			REM: N448							
1306898036	0711 071125	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0711 071125	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0711 071125	1 G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS		540.80	146.58	0.00	0.00		394.22 146.58
ADJ TO TOTAL: PREV PD			INTEREST		0.00					
STATUS CODE 1: Processed as Primary							LATE FILING CHARGE		0.00	NET 146.58

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	3.62

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	540.80	146.58	0.00	0.00	394.22	142.96	3.62	142.96

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).
 N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement

