

ASR Health Benefits []
PO Box 6392
Grand Rapids, MI 49516
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY TOBOLIC MD PLLC
SUITE 202
7740 BYRON CENTER AVENUE
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-05-23
EFT #: 675203208
TAX ID #: 272620668

| REND | PROV | SERV DATE | POS | NOS | PROC | MODS | BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AMT | PROV PD |
|----------------|----------------------|-----------|-----|-----|--------------|------|-----------------|---------|--------------------|----------------|------------|---------------|
| NAME | SMITH, STEPHANIE | | | | HIC P0477017 | | ACNT 5436LMD642 | | | ICN 6348181701 | ASG Y MOA | |
| | 0324 | 032425 | 11 | 1 | 99395 | | 297.00 | 0.00 | 0.00 | 0.00 | CO-45 | 297.00 0.00 |
| | 0324 | 032425 | 11 | 1 | 99214 25 | | 241.68 | 132.98 | 0.00 | 0.00 | CO-45 | 108.70 132.98 |
| | 0324 | 032425 | 11 | 1 | G0136 33 | | 34.80 | 26.10 | 0.00 | 0.00 | CO-45 | 8.70 26.10 |
| | 0324 | 032425 | 11 | 1 | 90471 | | 41.00 | 28.66 | 0.00 | 0.00 | CO-45 | 12.34 28.66 |
| | 0324 | 032425 | 11 | 1 | 90632 | | 110.00 | 82.87 | 0.00 | 0.00 | CO-45 | 27.13 82.87 |
| | 0324 | 032425 | 11 | 1 | 96127 XU | | 40.00 | 7.63 | 0.00 | 0.00 | CO-45 | 32.37 7.63 |
| | 0324 | 032425 | 11 | 1 | 96160 XU | | 5.30 | 3.35 | 0.00 | 0.00 | CO-45 | 1.95 3.35 |
| | 0324 | 032425 | 11 | 1 | G0557 | | 94.10 | 70.58 | 0.00 | 0.00 | CO-45 | 23.52 50.58 |
| | | | | | | | | | | | PR-3 | 20.00 |
| | 0324 | 032425 | 11 | 1 | 3074F | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | 0324 | 032425 | 11 | 1 | 3078F | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | 0324 | 032425 | 11 | 1 | G9622 | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | 0324 | 032425 | 11 | 1 | G8431 | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | 0324 | 032425 | 11 | 1 | G8510 | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | 0324 | 032425 | 11 | 1 | G9622 | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| PT RESP | 20.00 | | | | CLAIM TOTALS | | 863.88 | 352.17 | 0.00 | 0.00 | | 531.71 332.17 |
| ADJ TO TOTAL: | PREV PD | | | | INTEREST | | 0.00 | | LATE FILING CHARGE | | 0.00 | NET 332.17 |
| PLAN TYPE: | AS1 | | | | | | | | | | | |
| STATUS CODE 1: | Processed as Primary | | | | | | | | | | | |

| | | | | |
|-----------------------|-----------------|----------------------|-----------------|--------|
| PROVIDER ADJ DETAILS: | PLB REASON CODE | FCN/OTHER IDENTIFIER | HIC | AMOUNT |
| | Adjustment (CS) | ZELIS | TRANSACTION FEE | 8.20 |

| TOTALS: | # OF CLAIMS | BILLED AMT | ALLOWED AMT | DEDUCT AMT | COINS AMT | TOTAL RC-AMT | PROV PD AMT | PROV ADJ AMT | CHECK AMT |
|---------|-------------|------------|-------------|------------|-----------|--------------|-------------|--------------|-----------|
| | 1 | 863.88 | 352.17 | 0.00 | 0.00 | 531.71 | 323.97 | 8.20 | 323.97 |

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
PR-3 Co-payment Amount

