

UMR []
 115 W Wausau Ave
 Wausau, WI 54401
 (000)000-0000

REMITTANCE
 ADVICE

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

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-07-16
 EFT #: 704493930
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HEYS, MICHELLE			HIC 21920784		ACNT 7125LMD642			ICN 25179179039	ASG Y MOA	
1013940584	0623 062325	11	99214		219.00	110.62	0.00	27.65	CO-45 108.38	82.97
1013940584	0623 062325	11	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0623 062325	11	G8420		0.00	0.00	0.00	0.00		0.00
1013940584	0623 062325	11	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0623 062325	11	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0623 062325	11	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0623 062325	11	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0623 062325	11	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0623 062325	11	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0623 062325	11	1159F		0.00	0.00	0.00	0.00		0.00
PT RESP	27.65		CLAIM TOTALS		219.00	110.62	0.00	27.65	108.38	82.97
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00 NET	82.97
STATUS CODE 1: Processed as Primary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	2.05

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	219.00	110.62	0.00	27.65	108.38	80.92	2.05	80.92

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-2 Coinsurance Amount

