

GREATWESTHEALTHCARE-CIGNA []
 8505 E. ORCHARD RD
 GREENWOOD VILLAGE, CO 80111

REMITTANCE
 ADVICE

TIMOTHY J. TOBOLIC [200005407611]
 7740 BYRON CENTER AVE SW
 STE 202
 BYRON CENTER, MI 493156928

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-04-02
 EFT #: 601801169344
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME GUZICKI, MARK A				HIC 10836260900		ACNT	5465LMD642		ICN 251050794800		ASG Y	MOA
1306898036	0325	032525	11	1	99397	25	341.00	175.16	0.00	0.00	CO-45	175.16
1306898036	0325	032525	11	1	G0136		34.80	25.59	25.59	0.00	CO-45	0.00
1306898036	0325	032525	11	1	96127	XU	40.00	9.34	0.00	0.00	CO-45	9.34
1306898036	0325	032525	11	1	96160	XU	5.30	5.30	0.00	0.00		5.30
1306898036	0325	032525	11	1	99408		61.00	0.00	0.00	0.00	CO-97	0.00
REM: M15												
1306898036	0325	032525	11	1	90677		330.00	298.08	0.00	0.00	CO-45	298.08
1306898036	0325	032525	11	1	90471		41.00	28.11	0.00	0.00	CO-45	28.11
1306898036	0325	032525	11	1	G9622		0.00	0.00	0.00	0.00		0.00
REM: N216												
1306898036	0325	032525	11	1	G8510		0.00	0.00	0.00	0.00		0.00
REM: N216												
1306898036	0325	032525	11	1	3074F		0.00	0.00	0.00	0.00		0.00
REM: M80												
1306898036	0325	032525	11	1	3078F		0.00	0.00	0.00	0.00		0.00
REM: M80												
PT RESP	25.59				CLAIM TOTALS		853.10	541.58	25.59	0.00		515.99
ADJ TO TOTAL: PREV PD					INTEREST		0.00	LATE FILING CHARGE			0.00	515.99
PLAN TYPE: OPEN ACCESS PLUS												
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
	1	853.10	541.58	25.59	0.00	311.52	515.99	0.00	515.99

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
 M15 Separately billed services / tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
 M80 Not covered when performed during the same session / date as a previously processed service for the patient.
 N216 Patient is not enrolled in this portion of our benefit package
 PR-1 Deductible Amount

