

AETNA []
 1021 REAMS FLEMING BLVD
 FRANKLIN, TN 37064
 (000)000-0000

REMITTANCE
 ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
 STE 202
 7740 BYRON CENTER AVE SW
 BYRON CENTER, MI 493156929

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-04-17
 EFT #: 655509390
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HANSEN, DEBRA			HIC ACC6755034	ACNT 5386LMD642			ICN 277500290		ASG Y MOA	
	0319 031925	1	99214 25		219.00	24.17	0.00	0.00	OA-23 194.83	4.17
									PR-3 20.00	
	0319 031925	1	G2211		30.52	0.00	0.00	0.00	CO-276 30.52	0.00
	0319 031925	1	2000F		0.00	0.00	0.00	0.00		0.00
PT RESP	20.00		CLAIM TOTALS		249.52	24.17	0.00	0.00		4.17
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00 NET	4.17
STATUS CODE 2: Processed as Secondary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	0.10

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	249.52	24.17	0.00	0.00	245.35	4.07	0.10	4.07

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-276 Services denied by the prior payer(s) are not covered by this payer.
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments
 PR-3 Co-payment Amount

