

Insight Benefit Administrators LLC []
 3033 Orchard Vista Dr. S.E.
 Grand Rapids, MI 49546
 (000)000-0000

REMITTANCE
 ADVICE

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

NPI #: 1013940584
 PAGE #: 1 of 1
 DATE: 2025-07-16
 EFT #: 705301526
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME NINK, SEAN J		HIC 97100006551	ACNT	6890LMD642			ICN 202506190324	ASG Y	MOA	
272620668	0610 061025	99396 25			327.00	189.66	0.00	0.00	CO-45	137.34 189.66
272620668	0610 061025	G0136 33			65.00	37.70	0.00	0.00	CO-45	27.30 37.70
272620668	0610 061025	36415			20.00	11.60	0.00	0.00	CO-45	8.40 11.60
272620668	0610 061025	G0442 XU			30.00	17.40	0.00	0.00	CO-45	12.60 17.40
272620668	0610 061025	G0444 XU			29.45	17.08	0.00	0.00	CO-45	12.37 17.08
272620668	0610 061025	3074F			0.00	0.00	0.00	0.00		0.00
272620668	0610 061025	3078F			0.00	0.00	0.00	0.00		0.00
272620668	0610 061025	G9622			0.00	0.00	0.00	0.00		0.00
272620668	0610 061025	G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS			471.45	273.44	0.00	0.00		198.01 273.44
ADJ TO TOTAL: PREV PD		INTEREST			0.00		LATE FILING CHARGE		0.00	NET 273.44
STATUS CODE 1: Processed as Primary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	6.75

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	471.45	273.44	0.00	0.00	198.01	266.69	6.75	266.69

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

