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

NPI #: 1982923660 PAGE #: 1 of 1 DATE: 2025-05-15 EFT #: 672112528 272620668 TAX ID #:

REND PROV	7 SERV DAT	E POS	NOS PRO	C MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AI	MT	PROV PD
NAME TOWN	, BRITTANY	. D	HIC 1010	034588 A	CNT 6237LMD6	42	ICN Y1	28MIE1393	0 ASG	Y MOA	
130689803	36 0507 050	725	1 81003		33.60	1.96	0.00	0.00	CO-45	31.64	1.96
PT RESP	0.00		CLAIM	TOTALS	33.60	1.96	0.00	0.00		31.64	1.96
ADJ TO TO	TAL: PREV	PD		INTERES	r 0.00	LATE	FILING C	HARGE!	0.00	NET	1.96
STATUS CO	DE 1: Proc	essed as	Primary								
NAME TOWN	N, BRITTANY	. D	HIC 1010	034588 A	CNT 6210LMD6	42	ICN Y1	28MIE1393	32 ASG	Y MOA	
130689803	36 0506 050	625	1 99395	25	297.00	109.68	0.00	0.00	CO-45	187.32	109.68
130689803	36 0506 050	625	1 G0136	33	34.80	12.75	0.00	0.00	CO-45	22.05	12.75
130689803	36 0506 050	625	1 36415		20.00	7.91	0.00	0.00	CO-45	12.09	7.91
130689803	36 0506 050	625	1 G0442	XU	30.00	0.00	0.00	0.00	CO-96	30.00	0.00
				REM: N44	8						
130689803	36 0506 050	625	1 G0444	XU	29.45	0.00	0.00	0.00	CO-96	29.45	0.00
				REM: N44	В						
130689803	36 0506 050	625	1 G0447	XU	65.00	0.00	0.00	0.00	CO-96	65.00	0.00
				REM: N44	В						
130689803	36 0506 050	625	1 3074F		0.00	0.00	0.00	0.00			0.00
130689803	36 0506 050	625	1 3078F		0.00	0.00	0.00	0.00			0.00
130689803	36 0506 050	625	1 G9622		0.00	0.00	0.00	0.00			0.00
130689803	36 0506 050	625	1 G8510		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM	TOTALS	476.25	130.34	0.00	0.00		345.91	130.34
ADJ TO TO	TAL: PREV	PD		INTERES	r 0.00	LATE	FILING C	HARGE	0.00	NET	130.34
STATUS CO	DE 1: Proc	essed as	Primary								
PROVIDER	PROVIDER ADJ DETAILS:			PLB REASON CODE FCN/C		OTHER IDENTIFIER		HIC		AMOUNT	
				Adjustment (CS) ZELI		5		TRANSACTION		3.27	
							FEE	1			
TOTALS:	# OF BILL		ED ALLOWED		DEDUCT	COINS	TOTAL PROV PI		D PROV		CHECK
	CLAIMS	AMT	A	MT	AMT	AMT	RC-AMT	AMT	Al	DJ AMT	AMT
	2	509.8	5 1	32.30	0.00	0.00	377.55	129.	.03	3.27	129.03

GLOSSARY: GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement. CO-96 Non-covered charge(s).

N448

This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement