

CIGNA HEALTH AND LIFE INSURANCE COMPANY []
P. O. BOX 182223
CHATTANOOGA, TN 374227223
(000)000-0000

REMITTANCE
ADVICE

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

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-07-18
NONPAY #: 250718190308893
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	WENDERSKI, ZOEY A				HIC U2451412601	ACNT 7391LMD642				ICN 4652519395137	ASG Y	MOA	
1306898036	0711	071125	11	1	99213		146.00	108.22	108.22	0.00	CO-45	37.78	0.00
1306898036	0711	071125	11	1	G8476		0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	11	1	1036F		0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	108.22				CLAIM TOTALS		146.00	108.22	108.22	0.00		37.78	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: OPEN ACCESS PLUS													
STATUS CODE 1: Processed as Primary													

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	146.00	108.22	108.22	0.00	37.78	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
PR-1 Deductible Amount

