

Molina Healthcare of Michigan []
200 Oceangate, 6th Floor
Long Beach, CA 90802

REMITTANCE
ADVICE

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

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-08-06
EFT #: 1202065878
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME PRAWDZIK, DONALD		HIC 0003823982	ACNT 7612LMD642				ICN 25206114561		ASG Y MOA	
1306898036	0723 072325	1 99214 25			219.00	163.13	0.00	0.00	CO-45 55.87	148.13
									PR-3 15.00	
1306898036	0723 072325	1 G0446 XU			65.00	0.00	0.00	0.00	CO-97 65.00	0.00
			REM: N19							
1306898036	0723 072325	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0723 072325	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0723 072325	1 4004F			0.00	0.00	0.00	0.00		0.00
1306898036	0723 072325	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0723 072325	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0723 072325	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0723 072325	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0723 072325	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0723 072325	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	15.00	CLAIM TOTALS			284.00	163.13	0.00	0.00	135.87	148.13
ADJ TO TOTAL: PREV PD		INTEREST			0.00		LATE FILING CHARGE	0.00	NET	148.13
PLAN TYPE: 40047MI0010001										
STATUS CODE 1: Processed as Primary										

PROVIDER ADJ DETAILS:		PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT				
Claim transmission fee amount (AH)			1202065878		2.95				
TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	284.00	163.13	0.00	0.00	135.87	145.18	2.95	145.18

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
N19 Procedure code incidental to primary procedure.
PR-3 Co-payment Amount

