

MERIDIAN HEALTH PLAN OF MICHIGAN, INC. []
P.O. BOX 31370
TAMPA, FL 33631
(000)000-0000

REMITTANCE
ADVICE

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

NPI #: 1013940584
PAGE #: 1 of 1
DATE: 2025-03-28
EFT #: 645363124
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME LEMAIRE, SHARON A			HIC	30655480	ACNT	5357LMD642		ICN	3144706999	ASG Y	MOA
1306898036	0318	031825	1	G0439		361.00	127.94	0.00	0.00	CO-45	233.06
										PI-253	2.56
1306898036	0318	031825	1	G0136	33	34.80	18.27	0.00	0.00	CO-45	16.53
										PI-253	0.37
1306898036	0318	031825	1	99397	52 33	341.00	97.65	0.00	0.00	CO-4	341.00
1306898036	0318	031825	1	99497	33	132.00	81.54	0.00	0.00	CO-45	50.46
										PI-253	1.63
1306898036	0318	031825	1	G2211		25.00	16.02	0.00	0.00	CO-45	8.98
										PI-253	0.32
1306898036	0318	031825	1	99214	25	241.68	126.88	0.00	0.00	CO-45	114.80
										PI-253	2.54
1306898036	0318	031825	1	G0447	XU	15.00	15.00	0.00	0.00	PI-253	0.30
1306898036	0318	031825	1	99401	XU	0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	1	82043	QW	14.70	1.47	0.00	0.00	CO-45	13.23
										PI-253	0.03
1306898036	0318	031825	1	82570	QW	17.85	1.79	0.00	0.00	CO-45	16.06
										PI-253	0.04
1306898036	0318	031825	1	36415		20.00	9.54	0.00	0.00	CO-45	10.46
										PI-253	0.19
1306898036	0318	031825	1	3075F		0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	1	3079F		0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	1	G8431		0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	1	1036F		0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	1	3061F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		1203.03	496.10	0.00	0.00		812.56
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary											390.47

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	9.64

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	1203.03	496.10	0.00	0.00	812.56	380.83	9.64	380.83

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
PI-253 Sequestration - reduction in federal spending

