

AETNA []
151 FARMINGTON AVENUE
HARTFORD, CT 06156
(000)000-0000

REMITTANCE
ADVICE

TOBOLIC, TIMOTHY J [355706410]
7740 BYRON CENTER AVE SW STE 202

BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-05-12
EFT #: 825127000248863
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BLANK, CHARLEY				HIC W241642308		ACNT	5709LMD642	ICN ENY2MY4MC0000		ASG Y	MOA			
1982923660	0408	040825	11	1	99214	25		219.00	162.60	0.00	0.00	CO-45	56.40	162.60
1982923660	0408	040825	11	1	70030			59.72	47.65	0.00	0.00	CO-45	12.07	47.65
1982923660	0408	040825	11	1	10120	RT		244.20	229.04	0.00	0.00	CO-45	15.16	209.04
PT RESP				20.00	CLAIM TOTALS			522.92	439.29	0.00	0.00	PR-3	20.00	
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	103.63	419.29
PLAN TYPE: AETNA CHOICE POS II NET 04633														
STATUS CODE 1: Processed as Primary														

NAME DREW, MARK R				HIC W155292280		ACNT	5507LMD642	ICN ETADLQZ7Z0000		ASG Y	MOA	MA15		
1982923660	0327	032725	11	1	99214	25		219.00	0.00	0.00	0.00	OA-18	219.00	0.00
1982923660	0327	032725	11	1	3080F			0.00	0.00	0.00	0.00			0.00
1982923660	0327	032725	11	1	3077F			0.00	0.00	0.00	0.00			0.00
1982923660	0327	032725	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1982923660	0327	032725	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1982923660	0327	032725	11	1	2000F			0.00	0.00	0.00	0.00			0.00
PT RESP				0.00	CLAIM TOTALS			219.00	0.00	0.00	0.00		219.00	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: OPEN ACCESS AETNA SELECT 8480 NET 04634														
STATUS CODE 1: Processed as Primary														

NAME DREW, MARK R				HIC W155292280		ACNT	5507LMD642	ICN ETADLQZ7Z0001		ASG Y	MOA	MA15		
1982923660	0327	032725	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1982923660	0327	032725	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1982923660	0327	032725	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1982923660	0327	032725	11	1	G0446	33		61.88	0.00	0.00	0.00	CO-97	61.88	0.00
PT RESP				0.00	CLAIM TOTALS			61.88	0.00	0.00	0.00		61.88	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: OPEN ACCESS AETNA SELECT 8480 NET 04634														
STATUS CODE 1: Processed as Primary														

NAME MAXWELL, EDWARD M				HIC W254204360		ACNT	6087LMD642	ICN EWPDLMN560001		ASG Y	MOA	MA15		
1982923660	0428	042825	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1982923660	0428	042825	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1982923660	0428	042825	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1982923660	0428	042825	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1982923660	0428	042825	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1982923660	0428	042825	11	1	1000F			0.00	0.00	0.00	0.00			0.00
PT RESP				0.00	CLAIM TOTALS			0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: OPEN CHOICE NET 04632														
STATUS CODE 1: Processed as Primary														

NAME MURPHY, COREY J				HIC W270241452		ACNT	5904LMD642	ICN EYY2K7GCR0000		ASG Y	MOA			
1982923660	1219	121924	11	1	90656			35.00	22.35	0.00	0.00	CO-45	12.65	22.35
1982923660	1219	121924	11	1	90471			41.00	12.00	0.00	0.00	CO-45	29.00	12.00
PT RESP				0.00	CLAIM TOTALS			76.00	34.35	0.00	0.00		41.65	34.35
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	34.35
PLAN TYPE: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633														
STATUS CODE 1: Processed as Primary														

NAME HAIGHT, KELLY L				HIC W22387982903		ACNT	6097LMD642	ICN E0Y2LH2TT0001		ASG Y	MOA	MA15		
1982923660	0429	042925	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1982923660	0429	042925	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1982923660	0429	042925	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1982923660	0429	042925	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1982923660	0429	042925	11	1	1000F			0.00	0.00	0.00	0.00			0.00
PT RESP				0.00	CLAIM TOTALS			0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: AETNA CHOICE POS II NET 04633														
STATUS CODE 1: Processed as Primary														



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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME DEPAS, JOHN S			HIC W147338737		ACNT 6102LMD642		ICN E9ADK98CV0001			ASG Y		MOA MA15	
1982923660	0321	032125	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1982923660	0321	032125	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1982923660	0321	032125	11	1	G9622		0.00	0.00	0.00	0.00			0.00
1982923660	0321	032125	11	1	G8510		0.00	0.00	0.00	0.00			0.00
1982923660	0321	032125	11	1	G8417		0.00	0.00	0.00	0.00			0.00
1982923660	0321	032125	11	1	G0444 XU		29.45	0.00	0.00	0.00	CO-97	29.45	0.00
REM: N19													
PT RESP		0.00		CLAIM TOTALS			29.45	0.00	0.00	0.00		29.45	0.00
ADJ TO TOTAL: PREV PD							INTEREST		0.00				
PLAN TYPE: AETNA HEALTHFUND							AETNA CHOICE		POS II NET 04633				
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
	7	909.25	473.64	0.00	0.00	455.61	453.64	0.00	453.64

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

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

N19 Procedure code incidental to primary procedure.

OA-18 Duplicate claim / service.

PR-3 Co-payment Amount

