

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 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-07-17
EFT #: 882519301026516
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	MAYS, LINDA S				HIC 102178391700	ACNT 7319LMD642				ICN E8FDMWH610000	ASG Y MOA	
1306898036	0708	070825	11	1	99214	25	219.00	120.84	120.84	0.00	CO-45	98.16 0.00
					REM: N669	N781						
1306898036	0708	070825	11	1	82570	QW	17.85	5.18	5.18	0.00	CO-45	12.67 0.00
					REM: N669	N781						
1306898036	0708	070825	11	1	82043	QW	0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0708	070825	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-253	0.62 30.32
					REM: N669						CO-45	34.06
1306898036	0708	070825	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-253	0.62 30.32
					REM: N669						CO-45	34.06
1306898036	0708	070825	11	1	3075F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0708	070825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0708	070825	11	1	1036F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0708	070825	11	1	3060F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0708	070825	11	1	3008F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0708	070825	11	1	2001F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0708	070825	11	1	2000F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0708	070825	11	1	1000F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0708	070825	11	1	1159F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0708	070825	11	1	1160F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	126.02				CLAIM TOTALS		366.85	187.90	126.02	0.00		180.19 60.64
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 60.64
PLAN TYPE: VBIID DSNP DIRECT ACCESS HMO - MEDICARE (AETNA)												
STATUS CODE 1: Processed as Primary												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	366.85	187.90	126.02	0.00	180.19	60.64	0.00	60.64

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-253 Sequestration - reduction in federal spending
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
N620 Alert: This procedure code is for quality reporting / informational purposes only.
N669 Adjusted based on the Medicare fee schedule.
N781 Alert: No deductible may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected deductible.
PR-1 Deductible Amount

