

UNITED HEALTHCARE INSURANCE COMPANY []
 9900 BREN ROAD
 MINNETONKA, MN 553439664
 (877)842-3210

REMITTANCE
 ADVICE

TIMOTHY J TOBOLIC MD PLLC
 7740 BYRON CENTER AVE SW STE 2
 BYRON CENTER, MI 493156929

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-04-29
 NONPAY #: T1923219
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME THOMAS, WILLIAM M			HIC 912691337		ACNT 4604LMD642		ICN STL3969449200			ASG Y	MOA		
INSURED NAME: THOMAS JR, WILLIAM M													
1013940584	0131	013125	11	1	99214	25	219.00	219.00	0.00	0.00	PR-26	219.00	0.00
1013940584	0131	013125	11	1	G2211		25.00	25.00	0.00	0.00	PR-26	25.00	0.00
1013940584	0131	013125	11	1	G0396		65.88	65.88	0.00	0.00	PR-26	65.88	0.00
1013940584	0131	013125	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125	11	1	1160F		0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125	11	1	4004F		0.00	0.00	0.00	0.00			0.00
PT RESP		309.88		CLAIM TOTALS			309.88	309.88	0.00	0.00		309.88	0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00	
PLAN TYPE: AARP MEDICARE ADVANTAGE													
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	309.88	309.88	0.00	0.00	309.88	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 PR-26 Expenses incurred prior to coverage.

