

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 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-08-06
NONPAY #: W331121869
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME KEENA, SARAH J			HIC 916321068	ACNT 7651LMD642	ICN FF04842649		0127863466		ASG Y	MOA MA15	N367	
1013940584	0724	072425	11	1 99213		146.00	74.71	74.71	0.00	CO-45	71.29	0.00
PT RESP			74.71	CLAIM TOTALS		146.00	74.71	74.71	0.00		71.29	0.00
ADJ TO TOTAL: PREV PD			INTEREST		0.00	LATE FILING CHARGE		0.00	NET	0.00		
PLAN TYPE: CHOYC+												
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: UNITED HEALTHCARE SERVICESINC.												

NAME KEENA, SARAH J			HIC 916321068	ACNT 7651LMD642	ICN FF04842649		0127863467		ASG Y	MOA MA15	
1013940584	0724	072425	11	1 3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	1 3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	1 3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	1 2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	1 2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	1 1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	1 1159F		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: CHOYC+											
STATUS CODE 1: Processed as Primary											

NAME KEENA, SARAH J			HIC 916321068	ACNT 7651LMD642	ICN FF04842649		0127863468		ASG Y	MOA MA15	
1013940584	0724	072425	11	1 1160F		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: CHOYC+											
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
	3	146.00	74.71	74.71	0.00	71.29	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
N367 Alert: The claim information has been forwarded to a Consumer Spending Account processor for review; for example, flexible spending account or health savings account.
PR-1 Deductible Amount

