

ASR Health Benefits []
PO Box 6392
Grand Rapids, MI 49516
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY TOBOLIC MD PLLC
SUITE 202
7740 BYRON CENTER AVENUE
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-08-08
EFT #: 717977914
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SMITH, STEPHANIE			HIC P0477017		ACNT 7528LMD642			ICN 6379078301	ASG Y MOA	
	0721 072125 11	1 99213			146.00	89.35	0.00	0.00	CO-45 56.65	69.35
									PR-3 20.00	
	0721 072125 11	1 3074F			0.00	0.00	0.00	0.00		0.00
	0721 072125 11	1 3078F			0.00	0.00	0.00	0.00		0.00
	0721 072125 11	1 3008F			0.00	0.00	0.00	0.00		0.00
	0721 072125 11	1 2001F			0.00	0.00	0.00	0.00		0.00
	0721 072125 11	1 2000F			0.00	0.00	0.00	0.00		0.00
	0721 072125 11	1 1000F			0.00	0.00	0.00	0.00		0.00
	0721 072125 11	1 1159F			0.00	0.00	0.00	0.00		0.00
	0721 072125 11	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	20.00		CLAIM TOTALS		146.00	89.35	0.00	0.00	76.65	69.35
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00 NET	69.35
PLAN TYPE: AS1										
STATUS CODE 1: Processed as Primary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	1.71

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	146.00	89.35	0.00	0.00	76.65	67.64	1.71	67.64

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
PR-3 Co-payment Amount

