

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: 2025-06-11
 EFT #: 685174493
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BURD, MELVIN			HIC P0083418		ACNT 5022LMD642			ICN 6357865401	ASG Y MOA	
	0226 022625 11	1	99213 25		146.00	110.63	0.00	0.00	CO-23 35.37	85.63
									PR-3 25.00	
	0226 022625 11	1	G2211		25.00	0.00	0.00	0.00	CO-45 25.00	0.00
	0226 022625 11	1	82043 QW		14.70	2.15	0.00	2.15	CO-45 3.96	0.00
									CO-23 8.59	
	0226 022625 11	1	82570 QW		17.85	1.78	0.00	1.78	CO-45 8.97	0.00
									CO-23 7.10	
	0226 022625 11	1	3075F		0.00	0.00	0.00	0.00		0.00
	0226 022625 11	1	3078F		0.00	0.00	0.00	0.00		0.00
	0226 022625 11	1	3008F		0.00	0.00	0.00	0.00		0.00
	0226 022625 11	1	2001F		0.00	0.00	0.00	0.00		0.00
	0226 022625 11	1	2000F		0.00	0.00	0.00	0.00		0.00
	0226 022625 11	1	1000F		0.00	0.00	0.00	0.00		0.00
	0226 022625 11	1	1159F		0.00	0.00	0.00	0.00		0.00
	0226 022625 11	1	1160F		0.00	0.00	0.00	0.00		0.00
	0226 022625 11	1	3061F		0.00	0.00	0.00	0.00		0.00
PT RESP	28.93		CLAIM TOTALS		203.55	114.56	0.00	3.93	113.99	85.63
ADJ TO TOTAL: PREV PD			INTEREST		0.00				0.00	85.63
PLAN TYPE: AS1							LATE FILING CHARGE		NET	
STATUS CODE 2: Processed as Secondary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	2.12

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	203.55	114.56	0.00	3.93	113.99	83.51	2.12	83.51

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-2 Coinsurance Amount
 PR-3 Co-payment Amount

