

Healthcare Management Administrators []
PO Box 85008
Bellevue, WA 98015

REMITTANCE
ADVICE

TOBOLIC TIMOTHY MD
7740 BYRON CENTER AVENUE

BYRON CENTER, MI 49315

NPI #: 1013940584
PAGE #: 1 of 1
DATE: 2025-08-27
NONPAY #: 297107518
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME SCOTT, ARTORIUS			HIC 426000795682 ACNT				8100LMD642		ICN 8700848701		ASG Y	MOA	
INSURED NAME: SCOTT, JENNY													
		0815	081525	11	1	99213 25	146.00	108.22	108.22	0.00	CO-45	37.78	0.00
		0815	081525	11	1	96127 XU	40.00	9.42	9.42	0.00	CO-45	30.58	0.00
		0815	081525	11	1	G8476	0.00	0.00	0.00	0.00			0.00
		0815	081525	11	1	3078F	0.00	0.00	0.00	0.00			0.00
		0815	081525	11	1	3074F	0.00	0.00	0.00	0.00			0.00
PT RESP		117.64	CLAIM TOTALS				186.00	117.64	117.64	0.00		68.36	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
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	186.00	117.64	117.64	0.00	68.36	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.
PR-1 Deductible Amount

