

AETNA []
151 FARMINGTON AVENUE
HARTFORD, CT 06156
(000)000-0000

REMITTANCE
ADVICE

TOBOLIC, TIMOTHY J [355706410]
7740 BYRON CENTER AVE SW STE 202

BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-06-02
EFT #: 825148000265649
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME ONG, LINDA J			HIC W223881410		ACNT	6176LMD642	ICN EATYNKWC40000		ASG Y	MOA MA15			
1982923660	0505	050525	11	1	99396	25	327.00	212.40	0.00	0.00	CO-45	114.60	212.40
1982923660	0505	050525	11	1	36415		20.00	11.78	0.00	0.00	CO-45	8.22	11.78
1982923660	0505	050525	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1982923660	0505	050525	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1982923660	0505	050525	11	1	G9622		0.00	0.00	0.00	0.00			0.00
1982923660	0505	050525	11	1	G8510		0.00	0.00	0.00	0.00			0.00
PT RESP		0.00	CLAIM TOTALS				347.00	224.18	0.00	0.00		122.82	224.18
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	224.18
PLAN TYPE: AETNA CHOICE POS II NET 04633													
STATUS CODE 1: Processed as Primary													

NAME ONG, LINDA J			HIC W223881410		ACNT	6176LMD642	ICN EATYNKWC40001		ASG Y	MOA MA15			
1982923660	0505	050525	11	1	G8417		0.00	0.00	0.00	0.00			0.00
1982923660	0505	050525	11	1	G0447 XU		65.00	39.73	0.00	0.00	CO-45	25.27	39.73
1982923660	0505	050525	11	1	G0444 XU		29.45	27.89	0.00	0.00	CO-45	1.56	27.89
1982923660	0505	050525	11	1	G0442 XU		30.00	27.89	0.00	0.00	CO-45	2.11	27.89
1982923660	0505	050525	11	1	G0136 33		65.00	28.40	0.00	0.00	CO-45	36.60	3.40
PT RESP		25.00	CLAIM TOTALS				189.45	123.91	0.00	0.00	PR-3	25.00	
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	98.91
PLAN TYPE: AETNA CHOICE POS II NET 04633													
STATUS CODE 1: Processed as Primary													

NAME SCHUMAKER, KENDRA S			HIC W023747187		ACNT	6430LMD642	ICN EC37NNZH80000		ASG Y	MOA MA15			
1982923660	0409	040925	11	1	99213 25		146.00	114.77	114.77	0.00	CO-45	31.23	0.00
1982923660	0409	040925	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1982923660	0409	040925	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1982923660	0409	040925	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1982923660	0409	040925	11	1	2010F		0.00	0.00	0.00	0.00			0.00
1982923660	0409	040925	11	1	2001F		0.00	0.00	0.00	0.00			0.00
PT RESP		114.77	CLAIM TOTALS				146.00	114.77	114.77	0.00		31.23	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633													
STATUS CODE 1: Processed as Primary													

NAME SCHUMAKER, KENDRA S			HIC W023747187		ACNT	6430LMD642	ICN EC37NNZH80001		ASG Y	MOA MA15			
1982923660	0409	040925	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1982923660	0409	040925	11	1	1220F		0.00	0.00	0.00	0.00			0.00
1982923660	0409	040925	11	1	1160F		0.00	0.00	0.00	0.00			0.00
1982923660	0409	040925	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1982923660	0409	040925	11	1	1003F		0.00	0.00	0.00	0.00			0.00
1982923660	0409	040925	11	1	G8510		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: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633													
STATUS CODE 1: Processed as Primary													

NAME SCHUMAKER, KENDRA S			HIC W023747187		ACNT	6430LMD642	ICN EC37NNZH80002		ASG Y	MOA MA15			
1982923660	0409	040925	11	1	G8431		0.00	0.00	0.00	0.00			0.00
1982923660	0409	040925	11	1	G2211		30.52	0.00	0.00	0.00	CO-97	30.52	0.00
REM: N19													
1982923660	0409	040925	11	1	G0447 XU		0.00	0.00	0.00	0.00			0.00
1982923660	0409	040925	11	1	G0444 XU		29.45	0.00	0.00	0.00	CO-97	29.45	0.00
REM: N19													
PT RESP		0.00	CLAIM TOTALS				59.97	0.00	0.00	0.00		59.97	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633													
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EFT #:	825148000265649	PAGE #: 2 of 2	DATE: 2025-06-02	

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BULTMAN, CHRISTOPHER A HIC W256211676 ACNT 6601LMD642 ICN E2FDL190N0000 ASG Y MOA MA15													
1982923660	0521	052125	11	1	99401	25	65.00	0.00	0.00	0.00	CO-97	65.00	0.00
REM: N20													
1982923660	0521	052125	11	1	99213	25	146.00	114.77	114.77	0.00	CO-45	31.23	0.00
1982923660	0521	052125	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1982923660	0521	052125	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1982923660	0521	052125	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1982923660	0521	052125	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	114.77			CLAIM TOTALS			211.00	114.77	114.77	0.00		96.23	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: AETNA HEALTHFUND AETNA CHOICE POS II NET 04633													
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TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	6	953.42	577.63	229.54	0.00	400.79	323.09	0.00	323.09

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

N19 Procedure code incidental to primary procedure.

N20 Service not payable with other service rendered on the same date.

PR-1 Deductible Amount

PR-3 Co-payment Amount

