

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 49315

NPI #: 1982923660  
 PAGE #: 1 of 1  
 DATE: 2025-04-09  
 EFT #: 882509401032385  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	SOTTOVIA, JULIE L				HIC 101945058500	ACNT 5489LMD642				ICN EJFDMVFTC0001	ASG Y MOA	
1306898036	0326	032625	11	1	99396	25	327.00	127.69	0.00	51.08	CO-253	75.08
											1.53	
1306898036	0326	032625	11	1	G0136	33	34.80	17.40	0.00	8.70	CO-45	8.53
						REM: N669					199.31	
1306898036	0326	032625	11	1	96127	XU	40.00	4.21	0.00	2.10	CO-253	2.07
						REM: N669					0.17	
1306898036	0326	032625	11	1	96160	XU	15.00	2.65	0.00	1.32	CO-45	1.30
						REM: N669					17.40	
1306898036	0326	032625	11	1	36415		20.00	9.09	0.00	0.00	CO-253	8.91
						REM: N669					0.04	
1306898036	0326	032625	11	1	G0447	XU	65.00	0.00	0.00	0.00	CO-45	0.00
						REM: N216					35.79	
1306898036	0326	032625	11	1	99401	33	65.00	0.00	0.00	0.00	PR-96	0.00
						REM: N19					0.03	
1306898036	0326	032625	11	1	3074F		0.00	0.00	0.00	0.00	CO-253	0.00
						REM: N620					12.35	
1306898036	0326	032625	11	1	3078F		0.00	0.00	0.00	0.00	CO-45	0.00
						REM: N620					0.18	
1306898036	0326	032625	11	1	G9622		0.00	0.00	0.00	0.00	PR-97	0.00
						REM: N620					10.91	
1306898036	0326	032625	11	1	G8510		0.00	0.00	0.00	0.00	CO-45	0.00
						REM: N620					65.00	
PT RESP	193.20				CLAIM TOTALS		566.80	161.04	0.00	63.20		95.89
ADJ TO TOTAL: PREV PD					INTEREST		0.00				407.71	95.89
PLAN TYPE: PPO - MEDICARE (AETNA)											NET	
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
	1	566.80	161.04	0.00	63.20	407.71	95.89	0.00	95.89

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
 CO-253 Sequestration - reduction in federal spending  
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
 N19 Procedure code incidental to primary procedure.  
 N216 Patient is not enrolled in this portion of our benefit package  
 N620 Alert: This procedure code is for quality reporting / informational purposes only.  
 N669 Adjusted based on the Medicare fee schedule.  
 PR-2 Coinsurance Amount  
 PR-96 Non-covered charge(s).  
 PR-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

