

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: 2025-03-26
 EFT #: 882508001057498
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DALECKE, HEATHER					HIC 102097476900	ACNT 5280LMD642				ICN EGJNMG5950001	ASG Y MOA	
1013940584	0314	031425	11	1	99213		146.00	85.63	0.00	0.00	CO-253	1.71 83.92
						REM: N669					CO-45	60.37
1013940584	0314	031425	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	0.31 14.95
						REM: N669					CO-45	9.74
1013940584	0314	031425	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0314	031425	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP		0.00			CLAIM TOTALS		171.00	100.89	0.00	0.00		72.13 98.87
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00 NET	98.87
PLAN TYPE: PPO - MEDICARE (AETNA)												
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	171.00	100.89	0.00	0.00	72.13	98.87	0.00	98.87

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.
 N620 Alert: This procedure code is for quality reporting / informational purposes only.
 N669 Adjusted based on the Medicare fee schedule.

