TIMOTHY J TOBOLIC MD PLLC [900068405]

7740 BYRON CENTER AVE SW

BYRON CENTER, MI 49315

NPI #: 1982923660 PAGE #: 1 of 1

DATE: 2025-04-10 EFT #: 25096B1000456952

TAX ID #: 272620668

| REND PROV SERV DATE | POS NOS PROC | MODS BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AM | ΙΤ | PROV PD | |
|-------------------------------------|--------------|-------------------|---------|----------|-----------|-----------|--------|---------|--|
| NAME MACKEY, TONYA | HIC 8002615 | 1300 ACNT 5614LMD | 642 | ICN 43 | 720089130 | 00 ASG | Y MOA | | |
| 1013940584 0402 040225 | 1 99214 25 | 219.00 | 120.84 | 0.00 | 0.00 | CO-45 | 98.16 | 118.42 | |
| | | | | | | CO-253 | 2.42 | | |
| 1013940584 0402 040225 | 1 G2211 | 25.00 | 15.26 | 0.00 | 0.00 | CO-45 | 9.74 | 14.95 | |
| | | | | | | CO-253 | 0.31 | | |
| 1013940584 0402 040225 | 1 99401 33 | 65.00 | 0.00 | 0.00 | 0.00 | CO-204 | 65.00 | 0.00 | |
| 1013940584 0402 040225 | 1 G0447 XU | 65.00 | 30.94 | 0.00 | 0.00 | CO-45 | 34.06 | 30.32 | |
| | | | | | | CO-253 | 0.62 | | |
| 1013940584 0402 040225 | 1 3075F | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 | |
| 1013940584 0402 040225 | 1 3079F | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 | |
| 1013940584 0402 040225 | 1 3008F | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 | |
| 1013940584 0402 040225 | 1 2001F | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 | |
| 1013940584 0402 040225 | 1 2000F | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 | |
| 1013940584 0402 040225 | 1 1000F | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 | |
| 1013940584 0402 040225 | 1 1159F | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 | |
| 1013940584 0402 040225 | 1 1160F | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 | |
| PT RESP 0.00 | CLAIM TO | TALS 374.00 | 167.04 | 0.00 | 0.00 | | 210.31 | 163.69 | |
| ADJ TO TOTAL: PREV PD | | INTEREST 0.0 | O LATE | FILING C | HARGE | 0.00 | NET | 163.69 | |
| 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 | 374.00 | 167.04 | 0.00 | 0.00 | 210.31 | 163.69 | 0.00 | 163.69 |

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

CO-204

CO-253 CO-45

This service / equipment / drug is not covered under the patient's current benefit plan Sequestration - reduction in federal spending Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

