

MERIDIAN HEALTH PLAN OF MICHIGAN, INC. []  
P.O. BOX 31370  
TAMPA, FL 33631  
(000)000-0000

REMITTANCE  
ADVICE

TIMOTHY J TOBOLIC MD PLLC  
7740 BYRON CENTER AVE  
STE 202  
BYRON CENTER, MI 49315

NPI #: 1013940584  
PAGE #: 1 of 1  
DATE: 2025-05-09  
EFT #: 668855208  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	PIERSON, MARTIN		HIC 43995573	ACNT	6065LMD642			ICN 3162440246		ASG Y MOA	
1306898036	0425	042525	1 99214 25			219.00	126.88	0.00	0.00	CO-45	124.34
										PI-253	2.54
1306898036	0425	042525	1 G2211			25.00	16.02	0.00	0.00	CO-45	15.70
										PI-253	0.32
1306898036	0425	042525	1 0513F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 G8417			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 G0447 XU			50.00	32.49	0.00	0.00	CO-45	31.84
										PI-253	0.65
1306898036	0425	042525	1 99401 25			65.00	0.00	0.00	0.00	CO-96	0.00
				REM: N425							
1306898036	0425	042525	1 G0446 XU			65.00	32.49	0.00	0.00	CO-97	0.00
				REM: N19							
1306898036	0425	042525	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			424.00	207.88	0.00	0.00	252.12	171.88
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	171.88
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Adjustment (CS)	ZELIS		TRANSACTION FEE	4.25

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	424.00	207.88	0.00	0.00	252.12	167.63	4.25	167.63

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
CO-96 Non-covered charge(s).  
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  
N19 Procedure code incidental to primary procedure.  
N425 Statutorily excluded service(s).  
PI-253 Sequestration - reduction in federal spending

