

AMBETTER []
 7700 FORSYTH
 ST LOUIS, MO 63105
 (800)225-2573

REMITTANCE
 ADVICE

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

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-05-26
 EFT #: 677726000
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME FAVREAU, JULIE			HIC UZ044985801	ACNT	6383LMD642			ICN Y135MPEJ4391	ASG Y	MOA	
1013940584	0423	042325	1 99214 25			219.00	0.00	0.00	0.00	CO-16	219.00 0.00
			REM: M64								
1013940584	0423	042325	6 J3301			72.00	5.22	0.00	0.00	CO-45	66.78 0.00
										PR-3	5.22
1013940584	0423	042325	1 96372			45.00	13.25	0.00	3.31	CO-45	31.75 9.94
1013940584	0423	042325	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0423	042325	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0423	042325	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0423	042325	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0423	042325	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0423	042325	1 1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0423	042325	1 3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0423	042325	1 3078F			0.00	0.00	0.00	0.00		0.00
PT RESP		8.53	CLAIM TOTALS			336.00	18.47	0.00	3.31		322.75 9.94
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	NET 9.94
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	0.25

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	336.00	18.47	0.00	3.31	322.75	9.69	0.25	9.69

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

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 M64 Missing / incomplete / invalid other diagnosis.
 PR-2 Coinsurance Amount
 PR-3 Co-payment Amount

