

UNITEDHEALTHCARE COMMUNITY PLAN INC DUAL []
MICHIGAN
KINGSTON, NY 124025290
(844)368-6885

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD
7740 BYRON CENTER AVE SW STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-04-04
NONPAY #: 25093B1000398052
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CROSS, RHONDA L			HIC 126558801	ACNT	4827LMD642				ICN 25F546980300	ASG Y	MOA M115 N620
1306898036	0217	021725	11	1 99214		219.00	0.00	0.00	0.00	CO-45	98.16
			(M1)		REM: M115					PR-242	120.84
1306898036	0217	021725	11	1 G2211		25.00	0.00	0.00	0.00	CO-45	9.74
			(M2)		REM: M115					PR-242	15.26
1306898036	0217	021725	11	1 3074F		0.00	0.00	0.00	0.00		
			(M3)		REM: N620						
1306898036	0217	021725	11	1 3079F		0.00	0.00	0.00	0.00		
			(M4)		REM: N620						
1306898036	0217	021725	11	1 3008F		0.00	0.00	0.00	0.00		
			(M5)		REM: N620						
1306898036	0217	021725	11	1 2001F		0.00	0.00	0.00	0.00		
			(M6)								
1306898036	0217	021725	11	1 2000F		0.00	0.00	0.00	0.00		
			(M7)		REM: N620						
1306898036	0217	021725	11	1 1000F		0.00	0.00	0.00	0.00		
			(M8)		REM: N620						
1306898036	0217	021725	11	1 1159F		0.00	0.00	0.00	0.00		
			(M9)		REM: N620						
1306898036	0217	021725	11	1 1160F		0.00	0.00	0.00	0.00		
			(M10)		REM: N620						
PT RESP	136.10			CLAIM TOTALS		244.00	0.00	0.00	0.00		244.00
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET
PLAN TYPE: MI UNITEDHEALTHCARE DUAL COMPLETE HMOPOS											0.00
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	244.00	0.00	0.00	0.00	244.00	0.00	0.00	0.00

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
M115 This item is denied when provided to this patient by a non-contract or non-demonstration supplier.
N620 Alert: This procedure code is for quality reporting / informational purposes only.
PR-242 Services not provided by network / primary care providers.

