

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 493156929

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-06-09
 EFT #: 825155000506202
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MARTIN, HEATHER			HIC W287807477		ACNT 6409LMD642	ICN EAADNK7KP0000		ASG Y	MOA		
1982923660	1016	101624	11	1 90656		35.00	22.35	0.00	0.00	CO-45	22.35
1982923660	1016	101624	11	1 90471		41.00	0.00	0.00	0.00	CO-231	0.00
PT RESP	0.00			CLAIM TOTALS		76.00	22.35	0.00	0.00		22.35
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	22.35
PLAN TYPE: AETNA OPEN ACCESS						MANAGED CHOICE NET 04633					
STATUS CODE 1: Processed as Primary											

NAME HENDRIKSEN, DONALD R			HIC W258888485		ACNT 6386LMD642	ICN E5JNLSP0S0002		ASG Y	MOA MA15		
1982923660	0514	051425	11	1 1036F		0.00	0.00	0.00	0.00		0.00
1982923660	0514	051425	11	1 1000F		0.00	0.00	0.00	0.00		0.00
1982923660	0514	051425	11	1 G0447 XU		65.00	39.73	0.00	0.00	CO-45	39.73
1982923660	0514	051425	11	1 G0446 XU		65.00	0.00	0.00	0.00	CO-97	0.00
PT RESP						0.00	CLAIM TOTALS	130.00	39.73	0.00	39.73
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	39.73
PLAN TYPE: AETNA OPEN ACCESS						MANAGED CHOICE NET 11244					
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
	2	206.00	62.08	0.00	0.00	143.92	62.08	0.00	62.08

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

CO-231 Mutually exclusive procedures cannot be done in the same day / setting. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

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

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

N19 Procedure code incidental to primary procedure.

