

ASR Health Benefits []
PO Box 6392
Grand Rapids, MI 49516
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY TOBOLIC MD PLLC
SUITE 202
7740 BYRON CENTER AVENUE
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-04-28
EFT #: 660067857
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VANWAGNER, BRANDON			HIC P0431201		ACNT 5599LMD642		ICN 6334697101		ASG Y MOA	
	0401 040125 11	1 99213			146.00	89.35	0.00	17.87	CO-45 56.65	71.48
	0401 040125 11	1 3075F			0.00	0.00	0.00	0.00		0.00
	0401 040125 11	1 3079F			0.00	0.00	0.00	0.00		0.00
	0401 040125 11	1 3008F			0.00	0.00	0.00	0.00		0.00
	0401 040125 11	1 2001F			0.00	0.00	0.00	0.00		0.00
	0401 040125 11	1 2000F			0.00	0.00	0.00	0.00		0.00
	0401 040125 11	1 1000F			0.00	0.00	0.00	0.00		0.00
	0401 040125 11	1 1159F			0.00	0.00	0.00	0.00		0.00
	0401 040125 11	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	17.87		CLAIM TOTALS		146.00	89.35	0.00	17.87	56.65	71.48
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00 NET	71.48
PLAN TYPE: AS1										
STATUS CODE 1: Processed as Primary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	1.77

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	146.00	89.35	0.00	17.87	56.65	69.71	1.77	69.71

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
PR-2 Coinsurance Amount

