

Insight Benefit Administrators LLC-ICL 1113 []
 660 Ada Dr SE
 Ada, MI 49301
 (000)000-0000

REMITTANCE
 ADVICE

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

NPI #: 1013940584
 PAGE #: 1 of 1
 DATE: 2025-07-31
 EFT #: 715064434
 TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME HAASE, MELANIE L				HIC 45900020700		ACNT 7313LMD642		ICN 202507110163				ASG Y	MOA	
272620668	0708	070825		99214				219.00	127.02	0.00	0.00	CO-45 PR-3	91.98 50.00	77.02
272620668	0708	070825		1159F				0.00	0.00	0.00	0.00			0.00
272620668	0708	070825		1160F				0.00	0.00	0.00	0.00			0.00
272620668	0708	070825		0513F				0.00	0.00	0.00	0.00			0.00
272620668	0708	070825		G0446				65.00	0.00	0.00	0.00	CO-45	65.00	0.00
272620668	0708	070825		3077F				0.00	0.00	0.00	0.00			0.00
272620668	0708	070825		3080F				0.00	0.00	0.00	0.00			0.00
272620668	0708	070825		3008F				0.00	0.00	0.00	0.00			0.00
272620668	0708	070825		2001F				0.00	0.00	0.00	0.00			0.00
272620668	0708	070825		2000F				0.00	0.00	0.00	0.00			0.00
272620668	0708	070825		1000F				0.00	0.00	0.00	0.00			0.00
PT RESP	50.00			CLAIM TOTALS				284.00	127.02	0.00	0.00		206.98	77.02
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	77.02
STATUS CODE 1: Processed as Primary														

NAME HAASE, JASON L		HIC 45900020700	ACNT 7431LMD642		ICN 202507160185		ASG Y	MOA	
INSURED NAME: HAASE, MELANIE L									
272620668	0714 071425	99396 25	327.00	0.00	0.00	0.00	CO-22	327.00	0.00
272620668	0714 071425	G9622	0.00	0.00	0.00	0.00			0.00
272620668	0714 071425	G0136 33	34.80	0.00	0.00	0.00	CO-22	34.80	0.00
272620668	0714 071425	G0442 XU	30.00	0.00	0.00	0.00	CO-22	30.00	0.00
272620668	0714 071425	G0444 XU	29.45	0.00	0.00	0.00	CO-22	29.45	0.00
272620668	0714 071425	90715	87.00	0.00	0.00	0.00	CO-22	87.00	0.00
272620668	0714 071425	90471	41.00	0.00	0.00	0.00	CO-22	41.00	0.00
272620668	0714 071425	36415	20.00	0.00	0.00	0.00	CO-22	20.00	0.00
272620668	0714 071425	G8420	0.00	0.00	0.00	0.00			0.00
272620668	0714 071425	G8510	0.00	0.00	0.00	0.00			0.00
PT RESP	0.00	CLAIM TOTALS	569.25	0.00	0.00	0.00		569.25	0.00
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE FILING CHARGE			0.00	NET	0.00
STATUS CODE 1: Processed as Primary									

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	1.90

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	853.25	127.02	0.00	0.00	776.23	75.12	1.90	75.12

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-22 Payment adjusted because this care may be covered by another payer per coordination of benefits.
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-3 Co-payment Amount

