

CIGNA HEALTH AND LIFE INSURANCE COMPANY []
P. O. BOX 182223
CHATTANOOGA, TN 374227223
(000)000-0000

REMITTANCE
ADVICE

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

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-07-18
NONPAY #: 250718190308892
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	WENDERSKI, ZOEY A			HIC U2451412601	ACNT 7300LMD642			ICN 4652519198548	ASG Y	MOA	
1013940584	0707	070725	11	1	99213	146.00	108.22	108.22	0.00	CO-45	37.78
1013940584	0707	070725	11	1	G8476	0.00	0.00	0.00	0.00		0.00
1013940584	0707	070725	11	1	3074F	0.00	0.00	0.00	0.00		0.00
1013940584	0707	070725	11	1	3078F	0.00	0.00	0.00	0.00		0.00
1013940584	0707	070725	11	1	3008F	0.00	0.00	0.00	0.00		0.00
1013940584	0707	070725	11	1	2001F	0.00	0.00	0.00	0.00		0.00
1013940584	0707	070725	11	1	2000F	0.00	0.00	0.00	0.00		0.00
1013940584	0707	070725	11	1	1000F	0.00	0.00	0.00	0.00		0.00
1013940584	0707	070725	11	1	1159F	0.00	0.00	0.00	0.00		0.00
1013940584	0707	070725	11	1	1160F	0.00	0.00	0.00	0.00		0.00
PT RESP	108.22			CLAIM TOTALS		146.00	108.22	108.22	0.00		37.78
ADJ TO TOTAL:	PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE:	OPEN ACCESS PLUS										
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	146.00	108.22	108.22	0.00	37.78	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.
PR-1 Deductible Amount

