

UMR []  
 115 W Wausau Ave  
 Wausau, WI 54401  
 (000)000-0000

REMITTANCE  
 ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC  
 STE 202  
 7740 BYRON CENTER AVE SW  
 BYRON CENTER, MI 49315

NPI #: 1982923660  
 PAGE #: 1 of 1  
 DATE: 2025-04-03  
 NONPAY #: CJ18431144860115090888300  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	HOEVE, CHERYL				HIC 361100024714	ACNT 5396LMD642			ICN 25080328329		ASG Y MOA	
1306898036	0319	031925	11		99214	25	219.00	110.62	110.62	0.00	CO-45	108.38 0.00
1306898036	0319	031925	11		G2211		25.00	0.00	0.00	0.00	CO-234	25.00 0.00
						REM: M80						
1306898036	0319	031925	11		82043	QW	14.70	4.78	4.78	0.00	CO-45	9.92 0.00
1306898036	0319	031925	11		82570	QW	17.85	3.95	3.95	0.00	CO-45	13.90 0.00
1306898036	0319	031925	11		3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	11		3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	11		3061F		0.00	0.00	0.00	0.00		0.00
PT RESP	119.35				CLAIM TOTALS		276.55	119.35	119.35	0.00		157.20 0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 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	276.55	119.35	119.35	0.00	157.20	0.00	0.00	0.00

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

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.  
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
 M80 Not covered when performed during the same session / date as a previously processed service for the patient.  
 PR-1 Deductible Amount

