

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES []  
P.O. BOX 30479  
LANSING, MI 48909

REMITTANCE  
ADVICE

TIMOTHY TOBOLIC, MD, PLLC [CV0012104]  
7740 BYRON CENTER AVE SW

TAX ID #: 272620668  
PAGE #: 1 of 1  
DATE: 2025-06-17  
CHECK #: 108754417

BYRON CENTER, MI 493156928

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WHITE, MATTHEW A			HIC	1312584510	ACNT	6797LMD642	ICN			312515710212540000	ASG Y	MOA MA114
1013940584	0604	060425	11	1	99213		146.00	78.28	0.00	0.00	CO-45	67.72 78.28
REM: N442												
1013940584	0604	060425	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0604	060425	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0604	060425	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0604	060425	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0604	060425	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0604	060425	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS				146.00	78.28	0.00	0.00		67.72	78.28
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 78.28
STATUS CODE 1: Processed as Primary												

NAME CRISMAN, HAROLD J			HIC	0000995344	ACNT	6552LMD642	ICN			322515810009657000	ASG Y	MOA MA114 N219
1306898036	0521	052125	11	1	99214		219.00	15.42	0.00	0.00	CO-45	8.75 15.42
REM: N442 MA125												
1306898036	0521	052125	11	1	G2211		25.00	3.05	0.00	0.00	OA-23	194.83 3.05
REM: N131 MA125												
1306898036	0521	052125	11	1	2000F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS				244.00	18.47	0.00	0.00		225.53	18.47
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 18.47
STATUS CODE 2: Processed as Secondary												

NAME STUART, AMANDA L			HIC	0027372476	ACNT	6592LMD642	ICN			322516110032834000	ASG Y	MOA MA114 N219
1013940584	0522	052225	11	1	99214		219.00	15.42	0.00	0.00	CO-45	8.75 15.42
REM: N442 MA125												
1013940584	0522	052225	11	1	G2211		25.00	3.05	0.00	0.00	OA-23	194.83 3.05
REM: N131 MA125												
1013940584	0522	052225	11	1	2000F		0.00	0.00	0.00	0.00		0.00
REM: N448												
PT RESP	0.00	CLAIM TOTALS				244.00	18.47	0.00	0.00		225.53	18.47
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 18.47
STATUS CODE 2: Processed as Secondary												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	634.00	115.22	0.00	0.00	518.78	115.22	0.00	115.22

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
MA114 Missing / incomplete / invalid information on where the services were furnished.  
MA125 Per legislation governing this program, payment constitutes payment in full.  
N131 Total payments under multiple contracts cannot exceed the allowance for this service.  
N219 Payment based on previous payer's allowed amount.  
N442 Payment based on an alternate fee schedule.  
N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement  
OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

