

AETNA []
151 FARMINGTON AVENUE
HARTFORD, CT 06156
(000)000-0000

REMITTANCE
ADVICE

TOBOLIC, TIMOTHY J [355706410]
7740 BYRON CENTER AVE SW STE 202

BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-04-21
EFT #: 825106000259160
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MARING, MICHAEL P			HIC W282075084		ACNT	5755LMD642	ICN EATYMZMJD0001		ASG Y	MOA MA15		
1982923660	0409	040925	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1982923660	0409	040925	11	1	G8420		0.00	0.00	0.00	0.00		0.00
1982923660	0409	040925	11	1	G0136	33	34.80	28.40	28.40	0.00	CO-45	0.00
PT RESP	28.40			CLAIM TOTALS			34.80	28.40	28.40	0.00		0.00
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE	0.00	NET	0.00	
PLAN TYPE: AETNA CHOICE							POS II	NET	04633			
STATUS CODE 1: Processed as Primary												

NAME DREW, MARK R			HIC W155292280		ACNT	5507LMD642	ICN EGTVMQMKD0000		ASG Y	MOA MA15		
1982923660	0327	032725	11	1	99214	25	219.00	162.60	0.00	0.00	CO-45	0.00
											PR-3	15.00
1982923660	0327	032725	11	1	3080F		0.00	0.00	0.00	0.00		0.00
1982923660	0327	032725	11	1	3077F		0.00	0.00	0.00	0.00		0.00
1982923660	0327	032725	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1982923660	0327	032725	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1982923660	0327	032725	11	1	2000F		0.00	0.00	0.00	0.00		0.00
PT RESP	15.00			CLAIM TOTALS			219.00	162.60	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE	0.00	NET	147.60	
PLAN TYPE: OPEN ACCESS AETNA SELECT							8480	NET	04634			
STATUS CODE 1: Processed as Primary												

NAME COLE, EDWARD			HIC W281119467		ACNT	5731LMD642	ICN E9RWKR8SP0000		ASG Y	MOA MA15		
1982923660	0408	040825	11	1	99213		146.00	114.77	114.77	0.00	CO-45	0.00
1982923660	0408	040825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1982923660	0408	040825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1982923660	0408	040825	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1982923660	0408	040825	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1982923660	0408	040825	11	1	2000F		0.00	0.00	0.00	0.00		0.00
PT RESP	114.77			CLAIM TOTALS			146.00	114.77	114.77	0.00		0.00
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE	0.00	NET	0.00	
PLAN TYPE: AETNA HEALTHFUND							AETNA CHOICE	POS II	NET	04633		
STATUS CODE 1: Processed as Primary												

NAME COLE, EDWARD			HIC W281119467		ACNT	5731LMD642	ICN E9RWKR8SP0001		ASG Y	MOA MA15		
1982923660	0408	040825	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1982923660	0408	040825	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1982923660	0408	040825	11	1	1000F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS			0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE	0.00	NET	0.00	
PLAN TYPE: AETNA HEALTHFUND							AETNA CHOICE	POS II	NET	04633		
STATUS CODE 1: Processed as Primary												

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	4	399.80	305.77	143.17	0.00	109.03	147.60	0.00	147.60

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
PR-1 Deductible Amount
PR-3 Co-payment Amount

