

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 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-04-30
 EFT #: 882511401046083
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	DALECKE, HEATHER				HIC 102097476900	ACNT 6005LMD642				ICN ER59M58J00000	ASG Y MOA	
1013940584	0422	042225	11	1	99215	25	295.00	169.85	0.00	0.00	CO-253	166.45
						REM: N669					CO-45	125.15
1013940584	0422	042225	11	1	93000		71.00	13.33	0.00	0.00	CO-253	13.06
						REM: N669					CO-45	57.67
1013940584	0422	042225	11	1	90715		87.00	0.00	0.00	0.00	PI-109	0.00
1013940584	0422	042225	11	1	90471		41.00	0.00	0.00	0.00	PI-109	0.00
1013940584	0422	042225	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0422	042225	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0422	042225	11	1	2010F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0422	042225	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0422	042225	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0422	042225	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0422	042225	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0422	042225	11	1	1160F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0422	042225	11	1	3325F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP	0.00				CLAIM TOTALS		494.00	183.18	0.00	0.00	314.49	179.51
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	179.51
PLAN TYPE: PPO - MEDICARE (AETNA)												
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
	1	494.00	183.18	0.00	0.00	314.49	179.51	0.00	179.51

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-253 Sequestration - reduction in federal spending
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N620 Alert: This procedure code is for quality reporting / informational purposes only.
 N669 Adjusted based on the Medicare fee schedule.
 PI-109 Claim not covered by this payer / contractor. You must send the claim to the correct payer / contractor.

