

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: 2025-07-21
 EFT #: 707094737
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME LEHMANN, ESTHER			HIC 38326801		ACNT	7176LMD642		ICN 25180572478	ASG Y	MOA	
1013940584	0602	060225	11	36415		20.00	1.80	0.00	0.00	CO-45	1.80
PT RESP 0.00						CLAIM TOTALS	20.00	1.80	0.00	18.20	1.80
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	1.80
STATUS CODE 1: Processed as Primary											

NAME	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME LEHMANN, ESTHER			HIC 38326801		ACNT	7177LMD642		ICN 25180572486	ASG Y	MOA	
1013940584	0626	062625	11	99396	25	327.00	130.20	0.00	0.00	CO-45	130.20
1013940584	0626	062625	11	G8476		0.00	0.00	0.00	0.00		0.00
1013940584	0626	062625	11	G8427		0.00	0.00	0.00	0.00		0.00
1013940584	0626	062625	11	36415		20.00	1.80	1.80	0.00	CO-45	0.00
1013940584	0626	062625	11	G0136	33	34.80	20.27	0.00	0.00	CO-45	20.27
1013940584	0626	062625	11	G0442	XU	30.00	19.02	0.00	0.00	CO-45	19.02
1013940584	0626	062625	11	G0444	XU	29.45	19.02	0.00	0.00	CO-45	19.02
1013940584	0626	062625	11	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0626	062625	11	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0626	062625	11	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0626	062625	11	1036F		0.00	0.00	0.00	0.00		0.00
PT RESP 1.80						CLAIM TOTALS	441.25	190.31	1.80	250.94	188.51
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	188.51
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC TRANSACTION FEE	AMOUNT
	Adjustment (CS)	ZELIS		4.70

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	461.25	192.11	1.80	0.00	269.14	185.61	4.70	185.61

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

