

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: 2025-04-14
EFT #: 825099000226663
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ROTTMAN, JASON P			HIC W276922384		ACNT	5403LMD642	ICN E9RWKDG8T0000		ASG Y	MOA MA15		
1982923660	1223	122324	11	1	99395		297.00	196.52	0.00	0.00	CO-45	100.48 196.52
1982923660	1223	122324	11	1	99213 25		146.00	56.37	56.37	0.00	CO-59	89.63 0.00
1982923660	1223	122324	11	1	96160 XU		5.30	0.00	0.00	0.00	CO-97	5.30 0.00
REM: N19												
1982923660	1223	122324	11	1	96127 XU		40.00	7.35	7.35	0.00	CO-45	32.65 0.00
1982923660	1223	122324	11	1	36415		15.00	11.58	11.58	0.00	CO-45	3.42 0.00
1982923660	1223	122324	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP		75.30	CLAIM TOTALS			503.30	271.82	75.30	0.00		231.48	196.52
ADJ TO TOTAL: PREV PD			INTEREST			0.00					0.00	NET 196.52
PLAN TYPE: AETNA CHOICE POS II NET 11244												
STATUS CODE 1: Processed as Primary												

NAME EVANS, KENNETH L			HIC W26171061		ACNT	5548LMD642	ICN ENPDMRW600000		ASG Y	MOA		
1982923660	0327	032725	11	1	36415		20.00	11.78	11.78	0.00	CO-45	8.22 0.00
PT RESP		11.78	CLAIM TOTALS			20.00	11.78	11.78	0.00		8.22	0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00					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
	2	523.30	283.60	87.08	0.00	239.70	196.52	0.00	196.52

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-59 Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules.

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

N19 Procedure code incidental to primary procedure.

PR-1 Deductible Amount

