

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: 2025-05-05  
 NONPAY #: CK76430156727275120015820  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HOLIDAY, LAURA			HIC 36116871	ACNT 6006LMD642		ICN 25113494946		ASG Y	MOA		
1013940584	0422	042225	11	99214 25		219.00	110.62	110.62	0.00	CO-45	108.38 0.00
1013940584	0422	042225	11	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0422	042225	11	36415		20.00	1.80	1.80	0.00	CO-45	18.20 0.00
1013940584	0422	042225	11	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0422	042225	11	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0422	042225	11	2010F		0.00	0.00	0.00	0.00		0.00
1013940584	0422	042225	11	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0422	042225	11	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0422	042225	11	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0422	042225	11	2000F		0.00	0.00	0.00	0.00		0.00
PT RESP	112.42	CLAIM TOTALS				239.00	112.42	112.42	0.00		126.58 0.00
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary											

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	239.00	112.42	112.42	0.00	126.58	0.00	0.00	0.00

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

