

HIGHMARK BLUE SHIELD []  
1800 CENTER STREET  
CAMP HILL, PA 17089

REMITTANCE  
ADVICE

TOBOLIC TIMOTHY MD [002580476]  
STE 202  
7740 BYRON CENTER AVE  
BYRON CENTER, MI 49315

TAX ID #: 272620668  
PAGE #: 1 of 1  
DATE: 2025-05-27  
EFT #: 1191630930

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	STANHOPE, GEORGE A				HIC 112448369001	ACNT 6124LMD642			ICN 22860110249		ASG Y	MOA N25 N219
002580476	0411	041125	11	1	G0180		99.42	48.91	0.00	0.00	OA-23	89.48 9.94
						REM: N7						
PT RESP	0.00					CLAIM TOTALS	99.42	48.91	0.00	0.00		89.48 9.94
ADJ TO TOTAL: PREV PD						INTEREST	0.00		LATE FILING CHARGE		0.00	NET 9.94
PLAN TYPE: U	CLASSICBLUE					INDEMNITY PROFESSIONAL						
STATUS CODE 2:	Processed as Secondary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Claim transmission fee amount (AH)		1191630930		0.20

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	99.42	48.91	0.00	0.00	89.48	9.74	0.20	9.74

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

N219 Payment based on previous payer's allowed amount.

N25 This company has been contracted by your benefit plan to provide administrative claims payment services only. This company does not assume financial risk or obligation with respect to claims processed on behalf of your benefit plan.

N7 Processing of this claim / service has included consideration under Major Medical provisions.

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

