

UNITEDHEALTHCARE COMMUNITY PLAN INC []
MICHIGAN
KINGSTON, NY 124025290
(800)903-5253

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD
7740 BYRON CENTER AVE SW STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-04-30
NONPAY #: 25117B1000227532
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME WIERENGA, JON					HIC 128533121	ACNT	6016LMD642		ICN RA6127200700	ASG Y	MOA N448		
1306898036	0423	042325	11	1	99214	25	219.00	0.00	0.00	0.00	CO-197	82.43	0.00
			(M1)								CO-45	136.57	
1306898036	0423	042325	11	1	36415		20.00	0.00	0.00	0.00	CO-197	7.53	0.00
			(M2)								CO-45	12.47	
1306898036	0423	042325	11	1	3074F		0.00	0.00	0.00	0.00			0.00
			(M3)			REM: N448							
1306898036	0423	042325	11	1	3078F		0.00	0.00	0.00	0.00			0.00
			(M4)			REM: N448							
1306898036	0423	042325	11	1	3008F		0.00	0.00	0.00	0.00			0.00
			(M5)			REM: N448							
1306898036	0423	042325	11	1	2001F		0.00	0.00	0.00	0.00			0.00
			(M6)			REM: N448							
1306898036	0423	042325	11	1	2000F		0.00	0.00	0.00	0.00			0.00
			(M7)			REM: N448							
1306898036	0423	042325	11	1	1000F		0.00	0.00	0.00	0.00			0.00
			(M8)			REM: N448							
1306898036	0423	042325	11	1	1159F		0.00	0.00	0.00	0.00			0.00
			(M9)			REM: N448							
1306898036	0423	042325	11	1	1160F		0.00	0.00	0.00	0.00			0.00
			(M10)			REM: N448							
PT RESP		0.00			CLAIM TOTALS		239.00	0.00	0.00	0.00		239.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00	LATE FILING CHARGE			0.00	NET	0.00
PLAN TYPE: MI UHC HEALTHY MICHIGAN													
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	0.00	0.00	0.00	239.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-197 Payment denied / reduced for absence of precertification / authorization
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement

