

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES []
P.O. BOX 30479
LANSING, MI 48909

REMITTANCE
ADVICE

TIMOTHY TOBOLIC, MD, PLLC [CV0012104]
7740 BYRON CENTER AVE SW

TAX ID #: 272620668
PAGE #: 1 of 1
DATE: 2025-04-10
NONPAY #: 80877144

BYRON CENTER, MI 493156928

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HYDE, WARREN					HIC 1239663325	ACNT 5555LMD642				ICN 312509110193855000	ASG Y MOA	
1306898036	0328	032825	11	1	99213		146.00	0.00	0.00	0.00	CO-24 146.00	0.00
					REM: N442							
1306898036	0328	032825	11	1	G8420		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		146.00	0.00	0.00	0.00	146.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 4: Denied											NET	

NAME GRANGER, ADRIENNE L					HIC 0039114994	ACNT 5331LMD642				ICN 312508610333510000	ASG Y MOA	
1013940584	1212	121224	11	1	99214 25		219.00	0.00	0.00	0.00	CO-31 219.00	0.00
1013940584	1212	121224	11	1	96127 XU		40.00	0.00	0.00	0.00	CO-31 40.00	0.00
1013940584	1212	121224	11	1	96160 XU		5.30	0.00	0.00	0.00	CO-31 5.30	0.00
1013940584	1212	121224	11	1	36415		15.00	0.00	0.00	0.00	CO-31 15.00	0.00
1013940584	1212	121224	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	1212	121224	11	1	G8431		0.00	0.00	0.00	0.00		0.00
1013940584	1212	121224	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	1212	121224	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		279.30	0.00	0.00	0.00	279.30	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 4: Denied											NET	

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	425.30	0.00	0.00	0.00	425.30	0.00	0.00	0.00

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

CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.
CO-31 Claim denied as patient cannot be identified as our insured.
N442 Payment based on an alternate fee schedule.

