

Cigna Supplemental Benefits []
P.O. BOX 5710
Scranton, PA 18505
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC
7740 BYRON CENTER AVE SW

BYRON CENTER, MI 49315

NPI #: 1013940584
PAGE #: 1 of 1
DATE: 2025-04-23
EFT #: 658800732
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HARSHMAN, HAROLD M		HIC 61P0008987	ACNT 5593LMD642					ICN C14525162756	ASG Y MOA	
272620668	0328 032825	1 99496			446.00	52.27	0.00	0.00	OA-253 4.18	52.27
	(11)								OA-23 389.55	
272620668	0328 032825	1 G2211			25.00	0.00	0.00	0.00	OA-23 25.00	0.00
	(11)									
272620668	0328 032825	1 G0558			206.72	20.67	0.00	0.00	OA-253 1.65	20.67
	(11)								OA-23 184.40	
272620668	0328 032825	1 G3002			156.72	15.67	0.00	0.00	OA-253 1.25	15.67
	(11)								OA-23 139.80	
272620668	0328 032825	1 G3003			228.72	22.87	0.00	0.00	OA-253 1.83	22.87
	(11)								OA-23 204.02	
272620668	0328 032825	1 G0446			30.00	0.00	0.00	0.00	OA-253 0.60	0.00
	(11)								OA-23 29.40	
PT RESP	0.00		CLAIM TOTALS		1093.16	111.48	0.00	0.00	981.68	111.48
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00 NET	111.48
STATUS CODE 2: Processed as Secondary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	2.75

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	1093.16	111.48	0.00	0.00	981.68	108.73	2.75	108.73

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

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

OA-253 Sequestration - reduction in federal spending

