

AETNA []  
151 FARMINGTON AVENUE  
HARTFORD, CT 06156  
(000)000-0000

REMITTANCE  
ADVICE

TOBOLIC, TIMOTHY J [355706410]  
7740 BYRON CENTER AVE SW STE 202  
  
BYRON CENTER, MI 493156929

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-03-24  
EFT #: 825078000416103  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DREW, MARK R			HIC W155292280		ACNT	4963LMD642	ICN ERW0LYKFH0000		ASG Y	MOA MA15		
1982923660	0224	022425	11	1	99396		327.00	208.65	0.00	0.00	CO-45	208.65
1982923660	0224	022425	11	1	99214	25	219.00	79.86	0.00	0.00	CO-59	64.86
PR-3 15.00												
1982923660	0224	022425	11	1	82570	QW	17.85	5.43	0.00	0.00	CO-45	5.43
1982923660	0224	022425	11	1	82043	QW	14.70	6.06	0.00	0.00	CO-45	6.06
1982923660	0224	022425	11	1	36415		20.00	11.58	0.00	0.00	CO-45	11.58
1982923660	0224	022425	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP		15.00	CLAIM TOTALS				598.55	311.58	0.00	0.00		296.58
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	296.58
PLAN TYPE: OPEN ACCESS AETNA SELECT							8480 NET 04634					
STATUS CODE 1: Processed as Primary												

NAME DREW, MARK R			HIC W155292280		ACNT	4963LMD642	ICN ERW0LYKFH0002		ASG Y	MOA MA15		
1982923660	0224	022425	11	1	G0444	XU 33	29.45	27.40	0.00	0.00	CO-45	27.40
1982923660	0224	022425	11	1	G0442	XU	30.00	27.40	0.00	0.00	CO-45	27.40
PT RESP		0.00	CLAIM TOTALS				59.45	54.80	0.00	0.00		54.80
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	54.80
PLAN TYPE: OPEN ACCESS AETNA SELECT							8480 NET 04634					
STATUS CODE 1: Processed as Primary												

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	2	658.00	366.38	0.00	0.00	306.62	351.38	0.00	351.38

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-59 Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

PR-3 Co-payment Amount

