

Oscar []
P.O. Box 52146
Phoenix, AZ 85072

REMITTANCE
ADVICE

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

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-05-14
NONPAY #: 276560930
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME THOMAS, MICHAEL E					HIC OSC7847554601	ACNT	4949LMD642		ICN	80W7GXZK	ASG Y MOA	
1013940584	0224	022425	11	1	99214		241.68	241.68	0.00	0.00	PR-242 241.68	0.00
					REM: M115							
1013940584	0224	022425	11	1	93000		71.00	71.00	0.00	0.00	PR-242 71.00	0.00
					REM: M115							
1013940584	0224	022425	11	1	G0444		29.45	29.45	0.00	0.00	PR-242 29.45	0.00
					REM: M115							
1013940584	0224	022425	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	342.13				CLAIM TOTALS		342.13	342.13	0.00	0.00	342.13	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00 NET	0.00
STATUS CODE 4: Denied												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	342.13	342.13	0.00	0.00	342.13	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
M115 This item is denied when provided to this patient by a non-contract or non-demonstration supplier.
PR-242 Services not provided by network / primary care providers.

