

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: 2025-05-12
NONPAY #: 671146409
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	6046LMD642			ICN C14526311469	ASG Y	MOA	
272620668	0421	042125	1 G0180			99.42	0.00	0.00	0.00	OA-23	99.42 0.00
		(11)									
PT RESP	0.00		CLAIM TOTALS			99.42	0.00	0.00	0.00		99.42 0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 2: Processed as Secondary											
TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK		
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT		
	1	99.42	0.00	0.00	0.00	99.42	0.00	0.00	0.00		

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

