TOBOLIC TIMOTHY MD
7740 BYRON CENTER AVE

STE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-04-25
EFT #: 1186118598
TAX ID #: 272620668

REND PROV SERV DATE	POS NOS PRO	C MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	T	PROV PD
NAME WARREN, CHARLES	HIC 0002	894993 ACNT	5847LMD64	12	ICN 2	5107121935	ASG	Y MOA	
1306898036 0415 041525	1 99396	25	327.00	134.84	0.00	0.00	CO-45	192.16	134.84
1306898036 0415 041525	1 G0136	33	65.00	23.49	0.00	0.00	CO-45	41.51	3.49
							PR-3	20.00	
1306898036 0415 041525	1 96127	XU	40.00	5.68	0.00	0.00	CO-45	34.32	5.68
1306898036 0415 041525	1 96160	XU	25.00	3.58	0.00	0.00	CO-45	21.42	3.58
1306898036 0415 041525	1 G0447	XU	65.00	41.77	0.00	0.00	CO-45	23.23	41.77
1306898036 0415 041525	1 99401	25	65.00	0.00	0.00	0.00	CO-16	65.00	0.00
		REM: N56							
1306898036 0415 041525	1 G9622		0.00	0.00	0.00	0.00			0.00
1306898036 0415 041525	1 1036F		0.00	0.00	0.00	0.00			0.00
1306898036 0415 041525	1 G8510		0.00	0.00	0.00	0.00			0.00
PT RESP 20.00	CLAIM	TOTALS	587.00	209.36	0.00	0.00		397.64	189.36
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE	FILING (CHARGE	0.00	NET	189.36
PLAN TYPE: 40047MI00800	01								

STATUS CODE 1: Processed as Primary

PROVIDER ADJ DETAILS: PLB REASON CODE FCN/OTHER IDENTIFIER HIC AMOUNT Claim transmission fee amount (AH) 1186118598 3.77

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	587.00	209.36	0.00	0.00	397.64	185.59	3.77	185.59

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

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
N56 Procedure code billed is not correct / valid for the services billed or the date of service billed.

PR-3 Co-payment Amount