

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: 2025-08-11  
EFT #: 825218000244322  
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 7325LMD642			ICN EFY2PRQ1P0000	ASG Y	MOA MA15	
1982923660	0708 070825	11	1 99213 25		146.00	114.77	0.00	0.00	CO-45	31.23
									PR-3	15.00
1982923660	0708 070825	11	1 3078F		0.00	0.00	0.00	0.00		0.00
1982923660	0708 070825	11	1 3074F		0.00	0.00	0.00	0.00		0.00
1982923660	0708 070825	11	1 3008F		0.00	0.00	0.00	0.00		0.00
1982923660	0708 070825	11	1 2001F		0.00	0.00	0.00	0.00		0.00
1982923660	0708 070825	11	1 2000F		0.00	0.00	0.00	0.00		0.00
PT RESP	15.00		CLAIM TOTALS		146.00	114.77	0.00	0.00		46.23
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 99.77
PLAN TYPE: OPEN ACCESS AETNA SELECT			8480 NET 04634							
STATUS CODE 1: Processed as Primary										

NAME BLANK, CHARLEY ELIZABE	HIC W241642308	ACNT 7492LMD642	ICN E1JNMZTSS0000	ASG Y	MOA MA15	
1982923660	0716 071625	11	1 99394 25		289.00	195.28
1982923660	0716 071625	11	1 90651		345.00	319.28
1982923660	0716 071625	11	1 90460		41.00	23.77
1982923660	0716 071625	11	1 3078F		0.00	0.00
1982923660	0716 071625	11	1 3074F		0.00	0.00
1982923660	0716 071625	11	1 G8510		0.00	0.00
PT RESP	0.00		CLAIM TOTALS		675.00	538.33
ADJ TO TOTAL: PREV PD			INTEREST		0.00	
PLAN TYPE: AETNA CHOICE	POS II NET 04633		LATE FILING CHARGE		0.00	NET 538.33
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	821.00	653.10	0.00	0.00	182.90	638.10	0.00	638.10

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
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

