

ASR Health Benefits []  
PO Box 6392  
Grand Rapids, MI 49516  
(000)000-0000

REMITTANCE  
ADVICE

TIMOTHY TOBOLIC MD PLLC  
SUITE 202  
7740 BYRON CENTER AVENUE  
BYRON CENTER, MI 49315

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-07-18  
EFT #: 705508885  
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BURD, LORI			HIC P0083418		ACNT 5665LMD642		ICN 6372952901		ASG Y MOA	
INSURED NAME: BURD, MELVIN										
0402 040225 11		1 99214 25			219.00	132.98	0.00	0.00	CO-45 PR-3	107.98
									25.00	
0402 040225 11		1 99401 33			65.00	47.38	0.00	0.00	CO-45	47.38
0402 040225 11		1 G0447 XU			65.00	37.09	0.00	7.42	CO-45	29.67
0402 040225 11		1 3074F			0.00	0.00	0.00	0.00		0.00
0402 040225 11		1 3078F			0.00	0.00	0.00	0.00		0.00
0402 040225 11		1 3008F			0.00	0.00	0.00	0.00		0.00
0402 040225 11		1 2001F			0.00	0.00	0.00	0.00		0.00
0402 040225 11		1 2000F			0.00	0.00	0.00	0.00		0.00
0402 040225 11		1 1000F			0.00	0.00	0.00	0.00		0.00
0402 040225 11		1 1159F			0.00	0.00	0.00	0.00		0.00
0402 040225 11		1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	32.42		CLAIM TOTALS		349.00	217.45	0.00	7.42		185.03
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00 NET	185.03
PLAN TYPE: AS1										
STATUS CODE 1: Processed as Primary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	4.57

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	349.00	217.45	0.00	7.42	156.55	180.46	4.57	180.46

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
PR-2 Coinsurance Amount  
PR-3 Co-payment Amount

