

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 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-03-26
 EFT #: 882507901043478
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	DENNING, LORRAINE M		HIC	101300058600	ACNT	5297LMD642				ICN	E0FDKM5X40001	ASG Y MOA
1013940584	0312	031225	11	1	99214	25	146.00	120.84	0.00	24.17	CO-253	1.93 94.74
						REM: N669					CO-45	25.16
1013940584	0312	031225	11	1	G2211		25.00	15.26	0.00	3.05	CO-253	0.24 11.97
						REM: N669					CO-45	9.74
1013940584	0312	031225	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-253	0.12 5.66
						REM: N669					CO-45	8.92
1013940584	0312	031225	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-253	0.10 5.08
						REM: N669					CO-45	12.67
1013940584	0312	031225	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0312	031225	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0312	031225	11	1	3061F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP	27.22				CLAIM	TOTALS	203.55	147.06	0.00	27.22		58.88 117.45
ADJ TO TOTAL: PREV PD						INTEREST	0.00				0.00	NET 117.45
PLAN TYPE: ESA - MEDICARE MA (AETNA)												
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
	1	203.55	147.06	0.00	27.22	58.88	117.45	0.00	117.45

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-253 Sequestration - reduction in federal spending
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N620 Alert: This procedure code is for quality reporting / informational purposes only.
 N669 Adjusted based on the Medicare fee schedule.
 PR-2 Coinsurance Amount

