

AMBETTER []
 7700 FORSYTH
 ST LOUIS, MO 63105
 (800)225-2573

REMITTANCE
 ADVICE

TIMOTHY TOBOLIC MD PLLC
 7740 BYRON CENTER AVE SW
 STE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-08-25
 EFT #: 728389333
 TAX ID #: 272620668

| REND | PROV | SERV DATE | POS NOS | PROC | MODS | BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AMT | PROV PD |
|-------------------------------------|-------|-----------|-----------------|-------|-----------------|------------------|--------------------|--------|-------|------------|---------|
| NAME LAIN, LISA | | | HIC UZ058628901 | | ACNT 6941LMD642 | ICN Y227MPEJ3789 | | | ASG Y | MOA | |
| 1013940584 | 0612 | 061225 | 1 | 99396 | 25 | 327.00 | 116.78 | 0.00 | 0.00 | CO-45 | 116.78 |
| 1013940584 | 0612 | 061225 | 1 | G0136 | 33 | 65.00 | 17.40 | 0.00 | 8.70 | CO-45 | 8.70 |
| 1013940584 | 0612 | 061225 | 1 | 36415 | | 20.00 | 9.09 | 0.00 | 0.00 | CO-45 | 9.09 |
| 1013940584 | 0612 | 061225 | 1 | G0442 | XU | 30.00 | 16.22 | 0.00 | 0.00 | CO-45 | 16.22 |
| 1013940584 | 0612 | 061225 | 1 | G0444 | XU | 29.45 | 16.22 | 0.00 | 0.00 | CO-45 | 16.22 |
| 1013940584 | 0612 | 061225 | 1 | G0446 | XU | 65.00 | 30.94 | 0.00 | 15.47 | CO-45 | 15.47 |
| 1013940584 | 0612 | 061225 | 1 | G8510 | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1013940584 | 0612 | 061225 | 1 | G8476 | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1013940584 | 0612 | 061225 | 1 | G8420 | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1013940584 | 0612 | 061225 | 1 | 3074F | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1013940584 | 0612 | 061225 | 1 | 3078F | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1013940584 | 0612 | 061225 | 1 | G9622 | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| PT RESP | 24.17 | | CLAIM TOTALS | | | 536.45 | 206.65 | 0.00 | 24.17 | | 182.48 |
| ADJ TO TOTAL: PREV PD | | | | | | 0.00 | LATE FILING CHARGE | | 0.00 | NET | 182.48 |
| STATUS CODE 1: Processed as Primary | | | | | | | | | | | |

| | | | | |
|-----------------------|-----------------|----------------------|-----------------|--------|
| PROVIDER ADJ DETAILS: | PLB REASON CODE | FCN/OTHER IDENTIFIER | HIC | AMOUNT |
| | Adjustment (CS) | ZELIS | TRANSACTION FEE | 4.51 |

| TOTALS: | # OF CLAIMS | BILLED AMT | ALLOWED AMT | DEDUCT AMT | COINS AMT | TOTAL RC-AMT | PROV PD AMT | PROV ADJ AMT | CHECK AMT |
|---------|-------------|------------|-------------|------------|-----------|--------------|-------------|--------------|-----------|
| | 1 | 536.45 | 206.65 | 0.00 | 24.17 | 329.80 | 177.97 | 4.51 | 177.97 |

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

