

OMAHA SUPPLEMENTAL INSURANCE COMPANY []
 3300 MUTUAL OF OMAHA PLZ
 OMAHA, NE 681751004
 (000)000-0000

REMITTANCE
 ADVICE

TIMOTHY J TOBOLIC MD PL [0006598733]
 STE 202
 7740 BYRON CENTER AVE
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-04-04
 EFT #: 648936547
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	MOA
NAME	DYKSTRA, ALBERT J			HIC 69396996L	ACNT 5243LMD642				ICN 586294288100-006/20250329MIBA0789	ASG Y		
1013940584	0313 031325 11		99214			219.00	24.17	0.00	0.00	OA-23	194.83	24.17
1013940584	0313 031325 11		G2211			25.00	3.05	0.00	0.00	OA-23	21.95	3.05
1013940584	0313 031325 11		2000F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS			244.00	27.22	0.00	0.00		216.78	27.22
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET	27.22
STATUS CODE 2: Processed as Secondary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	0.67

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	244.00	27.22	0.00	0.00	216.78	26.55	0.67	26.55

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

