TOBOLIC TIMOTHY MD 7740 BYRON CENTER AVE STE 202 BYRON CENTER, MI 49315 NPI #: 1982923660 PAGE #: 1 of 1 DATE: 2025-03-06 EFT #: 1178392898 TAX ID #: 272620668

| REND PROV | SERV DATE | POS | NOS | PRO | MODS | BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AMT | | PROV PD |
|-------------------------------------|---------------|-----|-----|-----------------------|---------|--------------|--------------|--------|--------------|------------|-----------|---------|
| NAME JOHNSON, PHILLIP | | | HI | HIC OSC7789090501 ACN | | ACNT 5008LMD | T 5008LMD642 | | ICN 5VR0JSN1 | | ASG Y MOA | |
| 130689803 | 6 0226 022625 | 11 | 1 | 99213 | | 146.00 | 115.60 | 0.00 | 0.00 | CO-45 | 30.40 | 45.60 |
| | | | | | | | | | | PR-3 | 70.00 | |
| 130689803 | 6 0226 022629 | 11 | 1 | 0513F | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| 130689803 | 6 0226 022629 | 11 | 1 | 3078F | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| 130689803 | 6 0226 022625 | 11 | 1 | 1036F | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| 130689803 | 6 0226 022629 | 11 | 1 | 3077F | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| 130689803 | 6 0226 022629 | 11 | 1 | 3008F | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| 130689803 | 6 0226 022629 | 11 | 1 | 2001F | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| 130689803 | 6 0226 022625 | 11 | 1 | 2000F | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| 130689803 | 6 0226 022625 | 11 | 1 | 1000F | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| 130689803 | 6 0226 022625 | 11 | 1 | 1159F | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| 130689803 | 6 0226 022625 | 11 | 1 | 1160F | | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| PT RESP | 70.00 | | | CLAIM | TOTALS | 146.00 | 115.60 | 0.00 | 0.00 | | 100.40 | 45.60 |
| ADJ TO TOTAL: PREV PD | | | | | INTERES | O.00 | LATE | FILING | CHARGE | 0.00 | NET | 45.60 |
| STATUS CODE 1: Processed as Primary | | | | | | | | | | | | |
| | | | | - | | | | | | | | |

AMOUNT PROVIDER ADJ DETAILS: PLB REASON CODE FCN/OTHER IDENTIFIER HIC 1178392898 0.91 Claim transmission fee amount (AH)

DEDUCT CHECK TOTALS: # OF BILLED ALLOWED COINS TOTAL PROV PD PROV RC-AMT ADJ AMT CLAIMS AMT AMT AMT AMT AMT AMT 0.00 146.00 115.60 0.00 100.40 44.69 0.91 44.69

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

