

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 493156929

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-04-02
 NONPAY #: 925092000104018
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	DREW, MARK R				HIC	W155292280	ACNT	5507LMD642		ICN	EGTYMQMKD0001	ASG Y MOA MA15
1982923660	0327	032725	11	1	1160F			0.00	0.00	0.00	0.00	0.00
1982923660	0327	032725	11	1	1159F			0.00	0.00	0.00	0.00	0.00
1982923660	0327	032725	11	1	1000F			0.00	0.00	0.00	0.00	0.00
1982923660	0327	032725	11	1	G0446 XU			61.88	0.00	0.00	0.00	CO-97 61.88 0.00
REM: N19												
PT RESP	0.00				CLAIM	TOTALS		61.88	0.00	0.00	0.00	61.88 0.00
ADJ TO TOTAL:	PREV PD				INTEREST			0.00		LATE FILING CHARGE		0.00 NET 0.00
PLAN TYPE:	OPEN ACCESS AETNA SELECT				8480	NET 04634						
STATUS CODE 1: Processed as Primary												

NAME	EVANS, ZACHARY				HIC	W262171061	ACNT	5506LMD642		ICN	EPPDMLSR0000	ASG Y MOA MA15
1982923660	0327	032725	11	1	99214 25			146.00	146.00	146.00	0.00	0.00
1982923660	0327	032725	11	1	3078F			0.00	0.00	0.00	0.00	0.00
1982923660	0327	032725	11	1	3075F			0.00	0.00	0.00	0.00	0.00
1982923660	0327	032725	11	1	3008F			0.00	0.00	0.00	0.00	0.00
1982923660	0327	032725	11	1	2001F			0.00	0.00	0.00	0.00	0.00
1982923660	0327	032725	11	1	2000F			0.00	0.00	0.00	0.00	0.00
PT RESP	146.00				CLAIM	TOTALS		146.00	146.00	146.00	0.00	0.00 0.00
ADJ TO TOTAL:	PREV PD				INTEREST			0.00		LATE FILING CHARGE		0.00 NET 0.00
PLAN TYPE:	AETNA HEALTHFUND AETNA CHOICE POS II				NET 04633							
STATUS CODE 1: Processed as Primary												

NAME	EVANS, ZACHARY				HIC	W262171061	ACNT	5506LMD642		ICN	EPPDMLSR0001	ASG Y MOA MA15
1982923660	0327	032725	11	1	1160F			0.00	0.00	0.00	0.00	0.00
1982923660	0327	032725	11	1	1159F			0.00	0.00	0.00	0.00	0.00
1982923660	0327	032725	11	1	10060			262.90	190.51	190.51	0.00	CO-45 72.39 0.00
1982923660	0327	032725	11	1	1000F			0.00	0.00	0.00	0.00	0.00
PT RESP	190.51				CLAIM	TOTALS		262.90	190.51	190.51	0.00	72.39 0.00
ADJ TO TOTAL:	PREV PD				INTEREST			0.00		LATE FILING CHARGE		0.00 NET 0.00
PLAN TYPE:	AETNA HEALTHFUND AETNA CHOICE POS II				NET 04633							
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
	3	470.78	336.51	336.51	0.00	134.27	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
 MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
 N19 Procedure code incidental to primary procedure.
 PR-1 Deductible Amount

