

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES []
P.O. BOX 30479
LANSING, MI 48909

REMITTANCE
ADVICE

TIMOTHY TOBOLIC, MD, PLLC [CV0012104]
7740 BYRON CENTER AVE SW

TAX ID #: 272620668
PAGE #: 1 of 1
DATE: 2025-06-04
CHECK #: 108694585

BYRON CENTER, MI 493156928

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MAYS, LINDA S					HIC 0031535368	ACNT 6212LMD642				ICN 322514410011491000	ASG Y MOA MA114 N219	
1306898036	0506	050625	11	1	99214 25		219.00	15.42	0.00	0.00	CO-45	8.75 15.42
					REM: N442 MA125						OA-23	194.83
1306898036	0506	050625	11	1	G2211		25.00	3.05	0.00	0.00	OA-23	21.95 3.05
					REM: N131 MA125							
1306898036	0506	050625	11	1	82043 QW		14.70	0.00	0.00	0.00	OA-23	14.70 0.00
					REM: N131 MA125							
1306898036	0506	050625	11	1	82570 QW		17.85	0.00	0.00	0.00	OA-23	17.85 0.00
					REM: N131 MA125							
1306898036	0506	050625	11	1	G0446 XU		65.00	0.00	0.00	0.00	OA-23	65.00 0.00
					REM: N131 MA125							
1306898036	0506	050625	11	1	G0447 XU		65.00	0.00	0.00	0.00	OA-23	65.00 0.00
					REM: N131 MA125							
1306898036	0506	050625	11	1	99401 25		65.00	24.50	0.00	0.00	CO-45	40.50 24.50
1306898036	0506	050625	11	1	1036F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		471.55	42.97	0.00	0.00		428.58 42.97
ADJ TO TOTAL: PREV PD					INTEREST		0.00					
STATUS CODE 2: Processed as Secondary											0.00	NET 42.97
TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK			
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT			
	1	471.55	42.97	0.00	0.00	428.58	42.97	0.00	42.97			

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
MA114 Missing / incomplete / invalid information on where the services were furnished.
MA125 Per legislation governing this program, payment constitutes payment in full.
N131 Total payments under multiple contracts cannot exceed the allowance for this service.
N219 Payment based on previous payer's allowed amount.
N442 Payment based on an alternate fee schedule.
OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

