

MERIDIAN HEALTH PLAN OF MICHIGAN []
MEDICARE-MEDICAID PLAN
FARMINGTON, MO 63640
(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: 2025-06-27
EFT #: 695735700
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	PETRAK, DALE DIANA			HIC 0060031484	ACNT 6885LMD642			ICN Y169MIE21644	ASG Y	MOA	
1306898036	0610 061025		1	99214		219.00	115.67	0.00	0.00	CO-45	115.67
1306898036	0610 061025		1	3075F		0.00	0.00	0.00	0.00		0.00
1306898036	0610 061025		1	3074F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		219.00	115.67	0.00	0.00	103.33	115.67
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	115.67
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	2.86

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	219.00	115.67	0.00	0.00	103.33	112.81	2.86	112.81

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

