

ASR Health Benefits []  
PO Box 6392  
Grand Rapids, MI 49516  
(000)000-0000

REMITTANCE  
ADVICE

TIMOTHY TOBOLIC MD PLLC  
SUITE 202  
7740 BYRON CENTER AVENUE  
BYRON CENTER, MI 49315

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-07-01  
NONPAY #: nochk0010123  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	BALTUTAT, TERRY				HIC P0223682		ACNT 5519LMD642		ICN 6332752902		ASG Y MOA		
	1212 121224 11		1	99213 25			146.00	146.00	0.00	0.00	PR-B13	146.00	0.00
	1212 121224 11		1	G0446 XU			61.88	61.88	61.88	0.00			0.00
	1212 121224 11		1	G0447 XU			65.00	65.00	65.00	0.00			0.00
	1212 121224 11		1	99401 33			65.00	65.00	0.00	0.00	PR-B13	65.00	0.00
	1212 121224 11		1	3074F			0.00	0.00	0.00	0.00			0.00
	1212 121224 11		1	3079F			0.00	0.00	0.00	0.00			0.00
	1212 121224 11		1	3008F			0.00	0.00	0.00	0.00			0.00
	1212 121224 11		1	2001F			0.00	0.00	0.00	0.00			0.00
	1212 121224 11		1	2000F			0.00	0.00	0.00	0.00			0.00
	1212 121224 11		1	1000F			0.00	0.00	0.00	0.00			0.00
	1212 121224 11		1	1159F			0.00	0.00	0.00	0.00			0.00
	1212 121224 11		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	337.88				CLAIM TOTALS		337.88	337.88	126.88	0.00		211.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: AS1													
STATUS CODE 1: Processed as Primary													

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	337.88	337.88	126.88	0.00	211.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
PR-1 Deductible Amount  
PR-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.

