

TOBOLIC TIMOTHY MD [002580476]
STE 202
7740 BYRON CENTER AVE
BYRON CENTER, MI 49315

TAX ID #: 272620668
PAGE #: 1 of 1
DATE: 2025-03-11
NONPAY #: 264136874

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	STANHOPE, GEORGE A			HIC 112448369001	ACNT 4995LMD642			ICN 22855303619	ASG Y	MOA N25 N219	
002580476	0127 012725 10	0 98966				25.18	0.00	0.00	0.00	PR-204	25.18 0.00
PT RESP	25.18			CLAIM TOTALS		25.18	0.00	0.00	0.00		25.18 0.00
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: U CLASSICBLUE INDEMNITY PROFESSIONAL											
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	25.18	0.00	0.00	0.00	25.18	0.00	0.00	0.00

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

N219

Payment based on previous payer's allowed amount.

N25

This company has been contracted by your benefit plan to provide administrative claims payment services only. This company does not assume financial risk or obligation with respect to claims processed on behalf of your benefit plan.

PR-204

This service / equipment / drug is not covered under the patient's current benefit plan

