TIMOTHY J. TOBOLIC, MD, PLLC 7740 BYRON CENTER AVE SW STE 202 BYRON CENTER, MI 493156929

1982923660 NPI #: PAGE #: 1 of 1 2025-08-21 DATE: EFT #: 899474759 TAX ID #: 272620668

REND PROV	SERV D	ATE	POS	NOS	PRO	C MOI	DS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PD
NAME NOBE	L, RUTH	E		HIC	C 7A181	193UY4	9 ACNT	7739LMD64	12	ICN 1	8252196168	90 ASG	Y MOA	MA01 MA15
101394058	4 0731 0	73125	11	1	G0439			361.00	121.85	0.00	0.00	CO-45 CO-253	239.15 2.44	119.41
101394058	4 0731 0	73125	11	1	99497	33		155.32	77.66	0.00	0.00	CO-45 CO-253	77.66 1.55	76.11
101394058	4 0731 0	73125	11	1	99214	25		241.68	120.84	0.00	24.17	CO-45 CO-253	120.84	94.74
101394058	4 0731 0	73125	11	1	36415			20.00	9.09	0.00	0.00	CO-45 CO-253	10.91 0.18	8.91
101394058	4 0731 0	73125	11	1	82043	QW		14.70	0.00	0.00	0.00	CO-B13	14.70	0.00
101394058	4 0731 0	73125	11	1	82043	~	MA01	14.70	0.00	0.00	0.00	CO-151	14.70	0.00
101394058	4 0731 0	73125	11	1	G0136	33		65.00	17.40	0.00	0.00	CO-45 CO-253	47.60 0.35	17.05
101394058	4 0731 0	73125	11	1	G2211			25.00	15.26	0.00	3.05	CO-45 CO-253	9.74 0.24	11.97
101394058	4 0731 0	73125	11	1	G8510	REM:	N620	0.00	0.00	0.00	0.00			0.00
101394058	4 0731 0	73125	11	1	0513F		N620	0.00	0.00	0.00	0.00			0.00
101394058	4 0731 0	73125	11	1	G8420		N620	0.00	0.00	0.00	0.00			0.00
101394058	4 0731 0	73125	11	1	G9622		N620	0.00	0.00	0.00	0.00			0.00
101394058	4 0731 0	73125	11	1	G8427		N620	0.00	0.00	0.00	0.00			0.00
101394058	4 0731 0	73125	11	1	1036F		N620	0.00	0.00	0.00	0.00			0.00
PT RESP	27.22	2			CLAIM			897.40	362.10	0.00	27.22		541.99	328.19
ADJ TO TO	TAL: PRE	V PD	ed as				EREST	0.00		FILING		0.00	NET	328.19
TOTALS:	# OF CLAIMS 1	I	LLLEI AMT		AI	OWED MT	DED!		COINS AMT 27.22	TOTAL RC-AMT 541.9	PROV PAMT	A	PROV DJ AMT 0.00	CHECK AMT
	1		271.	1 U	31	02.IU	,	0.00	41.44	341.9	, 3 2 6.	エフ	0.00	328.19

GLOSSARY	:	GROUP,	REASON,	MOA,	REMARK	AND	REASON	CODES	
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CO-151 Payment adjusted because the payer deems the information submitted does not support this many services. CO-253

Sequestration - reduction in federal spending

Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement. CO-45

CO-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment. MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To

make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120

days of the date you received this notice, unless you have a good reason for being late.

Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the

MA15

other services reported.

Alert: This procedure code is for quality reporting/informational purposes only. N620

PR-2 Coinsurance Amount

