

AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE []
PO BOX 740819
ATLANTA, GA 303740819
(800)227-7789

REMITTANCE
ADVICE

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

BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-08-13
NONPAY #: 11297658219
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	COLE, DAVID K				HIC 33318481011	ACNT	7178LMD642			ICN 569662478031	ASG Y	MOA	
1013940584	0626	062625	11	0	99213 25		146.00	0.00	0.00	0.00	OA-23	60.37	0.00
											PR-275	85.63	
1013940584	0626	062625	11	0	G2211		25.00	0.00	0.00	0.00	OA-23	9.74	0.00
											PR-275	15.26	
1013940584	0626	062625	11	0	G0447 XU		65.00	0.00	0.00	0.00	OA-23	65.00	0.00
1013940584	0626	062625	11	0	99401 25		65.00	0.00	0.00	0.00	PR-204	65.00	0.00
PT RESP	165.89				CLAIM TOTALS		301.00	0.00	0.00	0.00		301.00	0.00
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 2: Processed as Secondary													

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	301.00	0.00	0.00	0.00	301.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments
PR-204 This service / equipment / drug is not covered under the patient's current benefit plan
PR-275 Prior payer's (or payers') patient responsibility (deductible, coinsurance, co-payment) not covered.

