

UMR []  
P.O. Box 30541  
Salt Lake City, UT 84130  
(000)000-0000

REMITTANCE  
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC  
STE 202  
7740 BYRON CENTER AVE SW  
BYRON CENTER, MI 49315

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-03-10  
EFT #: 632952198  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VOGT, RICHARD			HIC 40797038		ACNT 4514LMD642		ICN 25051549822		ASG Y MOA			
1013940584	0131	013125	11		99396		327.00	112.48	0.00	0.00	CO-45	112.48
1013940584	0131	013125	11		3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0131	013125	11		G9621		0.00	0.00	0.00	0.00		0.00
1013940584	0131	013125	11		3060F		0.00	0.00	0.00	0.00		0.00
1013940584	0131	013125	11		G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0131	013125	11		99214	25	219.00	51.44	0.00	0.00	CO-45	26.44
PR-3												
1013940584	0131	013125	11		99406		27.06	0.00	0.00	0.00	CO-234	0.00
REM: M80												
1013940584	0131	013125	11		36415		20.00	1.26	0.00	0.00	CO-45	1.26
1013940584	0131	013125	11		82043	QW	14.70	3.45	0.00	0.00	CO-45	3.45
1013940584	0131	013125	11		82570	QW	17.85	2.85	0.00	0.00	CO-45	2.85
1013940584	0131	013125	11		G0442	XU	30.00	21.05	0.00	0.00	CO-45	21.05
1013940584	0131	013125	11		G0444	XU 33	29.45	21.05	0.00	0.00	CO-45	21.05
1013940584	0131	013125	11		3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	25.00			CLAIM TOTALS			685.06	213.58	0.00	0.00		188.58
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	188.58
STATUS CODE 1: Processed as Primary												

NAME VOGT, RICHARD		HIC 40797038	ACNT 4898LMD642		ICN 25051549858		ASG Y	MOA	
1013940584	0131 013125 11	99499	0.01	0.00	0.00	0.00	CO-45	0.01	0.00
PT RESP	0.00	CLAIM TOTALS	0.01	0.00	0.00	0.00		0.01	0.00
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE FILING CHARGE			0.00	NET	0.00
STATUS CODE 1: Processed as Primary									

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Overpayment Recovery (WO)	FCN		00002948722	26.38
			REFEA 1676LMD642	
Adjustment (CS)	ZELIS		TRANSACTION	4.01
			FEE	

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	685.07	213.58	0.00	0.00	496.49	158.19	30.39	158.19

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.  
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
M80 Not covered when performed during the same session / date as a previously processed service for the patient.  
PR-3 Co-payment Amount

