

UMR []
115 W Wausau Ave
Wausau, WI 54401
(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 2
DATE: 2025-07-15
EFT #: 703661697
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME IGLEHART, JULIETTE			HIC 43545110	ACNT 651LMD642		ICN 24165470972	ASG Y	MOA			
INSURED NAME: IGLEHART, TIMOTHY											
1306898036	0612	061224	11	96372		-180.00	-95.24	0.00	0.00	CO-45	-84.76 -95.24
1306898036	0612	061224	11	G2211		-25.00	-19.94	0.00	0.00	CO-45	-5.06 -19.94
1306898036	0612	061224	11	90461		-80.00	-56.60	0.00	0.00	CO-45	-23.40 -56.60
1306898036	0612	061224	11	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0612	061224	11	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0612	061224	11	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0612	061224	11	1160F		0.00	0.00	0.00	0.00		0.00
1306898036	0612	061224	11	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0612	061224	11	1159F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		-285.00	-171.78	0.00	0.00		-113.22 -171.78
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET -171.78
STATUS CODE 22: Reversal of Previous Payment											

NAME IGLEHART, JULIETTE	HIC 43545110	ACNT 651LMD642	ICN 24165470972	ASG Y	MOA						
INSURED NAME: IGLEHART, TIMOTHY											
1306898036	0612	061224	11	96372		45.00	23.81	0.00	0.00	CO-45	21.19 23.81
1306898036	0612	061224	11	90716		220.00	209.04	0.00	0.00	CO-45	10.96 209.04
1306898036	0612	061224	11	90677		400.00	318.64	0.00	0.00	CO-45	81.36 318.64
1306898036	0612	061224	11	90707		120.00	110.54	0.00	0.00	CO-45	9.46 110.54
1306898036	0612	061224	11	90633		100.00	42.20	0.00	0.00	CO-45	57.80 42.20
1306898036	0612	061224	11	G2211		25.00	19.94	0.00	0.00	CO-45	5.06 19.94
1306898036	0612	061224	11	90461		60.00	42.45	0.00	0.00	CO-45	17.55 42.45
1306898036	0612	061224	11	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0612	061224	11	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0612	061224	11	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0612	061224	11	1160F		0.00	0.00	0.00	0.00		0.00
1306898036	0612	061224	11	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0612	061224	11	1159F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		970.00	766.62	0.00	0.00		203.38 766.62
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 766.62
STATUS CODE 1: Processed as Primary											

NAME IGLEHART, JULIETTE	HIC 43545110	ACNT 651LMD642	ICN 25154514175	ASG Y	MOA						
INSURED NAME: IGLEHART, TIMOTHY											
1306898036	0612	061224	11	90716		220.00	0.00	0.00	0.00	OA-18	220.00 0.00
						REM: N702					
1306898036	0612	061224	11	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0612	061224	11	1160F		0.00	0.00	0.00	0.00		0.00
1306898036	0612	061224	11	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0612	061224	11	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0612	061224	11	90677		400.00	0.00	0.00	0.00	OA-18	400.00 0.00
						REM: N702					
1306898036	0612	061224	11	90707		120.00	0.00	0.00	0.00	OA-18	120.00 0.00
						REM: N702					
1306898036	0612	061224	11	90633		100.00	0.00	0.00	0.00	OA-18	100.00 0.00
						REM: N702					
1306898036	0612	061224	11	96372		45.00	0.00	0.00	0.00	OA-18	45.00 0.00
						REM: N702					
1306898036	0612	061224	11	G2211		25.00	0.00	0.00	0.00	OA-18	25.00 0.00
						REM: N702					
1306898036	0612	061224	11	90461		60.00	0.00	0.00	0.00	OA-18	60.00 0.00
						REM: N702					
1306898036	0612	061224	11	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0612	061224	11	2000F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		970.00	0.00	0.00	0.00		970.00 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 1: Processed as Primary											



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PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	14.69

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	1655.00	594.84	0.00	0.00	1060.16	580.15	14.69	580.15

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

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

N702 Decision based on review of previously adjudicated claims or for claims in process for the same / similar type of services.

OA-18 Duplicate claim / service.

