

ASR Health Benefits []
PO Box 6392
Grand Rapids, MI 49516
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY TOBOLIC MD PLLC
SUITE 202
7740 BYRON CENTER AVENUE
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-04-10
EFT #: 650437439
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DEWITT, STEVE			HIC P0377372		ACNT 5385LMD642		ICN 6328065501		ASG Y MOA	
	0319 031925 11	1 99214 25			241.68	132.98	0.00	0.00	CO-45 108.70	107.98
									PR-3 25.00	
	0319 031925 11	1 17110 RT			166.10	147.38	0.00	0.00	CO-45 18.72	147.38
	0319 031925 11	1 3074F			0.00	0.00	0.00	0.00		0.00
	0319 031925 11	1 3078F			0.00	0.00	0.00	0.00		0.00
	0319 031925 11	1 3008F			0.00	0.00	0.00	0.00		0.00
	0319 031925 11	1 2001F			0.00	0.00	0.00	0.00		0.00
	0319 031925 11	1 2000F			0.00	0.00	0.00	0.00		0.00
	0319 031925 11	1 1000F			0.00	0.00	0.00	0.00		0.00
	0319 031925 11	1 1159F			0.00	0.00	0.00	0.00		0.00
	0319 031925 11	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	25.00		CLAIM TOTALS		407.78	280.36	0.00	0.00	152.42	255.36
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00 NET	255.36

PLAN TYPE: AS1

STATUS CODE 1: Processed as Primary

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC TRANSACTION	AMOUNT
	Adjustment (CS)	ZELIS	FEE	6.31

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	407.78	280.36	0.00	0.00	152.42	249.05	6.31	249.05

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

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

PR-3 Co-payment Amount

