

AETNA []
 151 FARMINGTON AVENUE
 HARTFORD, CT 06156
 (000)000-0000

REMITTANCE
 ADVICE

TOBOLIC, TIMOTHY J [355706410]
 7740 BYRON CENTER AVE SW STE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-07-02
 EFT #: 882517701028409
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME NUNEZ, ANNE M			HIC 101355520100	ACNT	7105LMD642			ICN EV37MLYS10000	ASG Y	MOA
1013940584	0620 062025	11	1 99214	25	219.00	120.84	0.00	60.42	CO-253	1.21
				REM: N669					CO-45	98.16
1013940584	0620 062025	11	1 99401	25	65.00	0.00	0.00	0.00	PI-96	65.00
				REM: N130						
1013940584	0620 062025	11	1 G0447	XU	65.00	30.94	0.00	15.47	CO-253	0.31
				REM: N669					CO-45	34.06
1013940584	0620 062025	11	1 G2211		25.00	15.26	0.00	7.63	CO-253	0.15
				REM: N669					CO-45	9.74
1013940584	0620 062025	11	1 G8476		0.00	0.00	0.00	0.00		
				REM: N620						
1013940584	0620 062025	11	1 3074F		0.00	0.00	0.00	0.00		
				REM: N620						
1013940584	0620 062025	11	1 3078F		0.00	0.00	0.00	0.00		
				REM: N620						
1013940584	0620 062025	11	1 3008F		0.00	0.00	0.00	0.00		
				REM: N620						
1013940584	0620 062025	11	1 2001F		0.00	0.00	0.00	0.00		
				REM: N620						
1013940584	0620 062025	11	1 2000F		0.00	0.00	0.00	0.00		
				REM: N620						
1013940584	0620 062025	11	1 1000F		0.00	0.00	0.00	0.00		
				REM: N620						
1013940584	0620 062025	11	1 1159F		0.00	0.00	0.00	0.00		
				REM: N620						
1013940584	0620 062025	11	1 1160F		0.00	0.00	0.00	0.00		
				REM: N620						
PT RESP	83.52		CLAIM TOTALS		374.00	167.04	0.00	83.52		208.63
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET
PLAN TYPE: PPO - MEDICARE (AETNA)										81.85
STATUS CODE 1: Processed as Primary										

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	374.00	167.04	0.00	83.52	208.63	81.85	0.00	81.85

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-253 Sequestration - reduction in federal spending
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N130 Consult plan benefit documents / guidelines for information about restrictions for this service.
 N620 Alert: This procedure code is for quality reporting / informational purposes only.
 N669 Adjusted based on the Medicare fee schedule.
 PI-96 Non-covered charge(s).
 PR-2 Coinsurance Amount

