

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 493156929

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-07-21
 EFT #: 825197000224526
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DREW, MARK R			HIC W155292280	ACNT 7325LMD642			ICN ERFDPNPNH0001	ASG Y	MOA MA15	
1982923660	0708 070825	11	1 1160F		0.00	0.00	0.00	0.00		0.00
1982923660	0708 070825	11	1 1159F		0.00	0.00	0.00	0.00		0.00
1982923660	0708 070825	11	1 1000F		0.00	0.00	0.00	0.00		0.00
1982923660	0708 070825	11	1 G8476		0.00	0.00	0.00	0.00		0.00
1982923660	0708 070825	11	1 G8427		0.00	0.00	0.00	0.00		0.00
1982923660	0708 070825	11	1 G0446 XU		65.00	0.00	0.00	0.00	CO-97	65.00
			REM: N19							
PT RESP	0.00		CLAIM TOTALS		65.00	0.00	0.00	0.00		65.00
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
PLAN TYPE: OPEN ACCESS AETNA SELECT			8480 NET 04634							
STATUS CODE 1: Processed as Primary										

NAME BLANK, ELIZABETH			HIC W241642308	ACNT 7104LMD642			ICN EJPDPDNCN0000	ASG Y	MOA MA15	
1982923660	0620 062025	11	1 99214		219.00	162.60	0.00	0.00	CO-45	56.40
									PR-3	20.00
1982923660	0620 062025	11	1 4004F		0.00	0.00	0.00	0.00		0.00
1982923660	0620 062025	11	1 3078F		0.00	0.00	0.00	0.00		0.00
1982923660	0620 062025	11	1 3074F		0.00	0.00	0.00	0.00		0.00
1982923660	0620 062025	11	1 3008F		0.00	0.00	0.00	0.00		0.00
1982923660	0620 062025	11	1 2001F		0.00	0.00	0.00	0.00		0.00
PT RESP	20.00		CLAIM TOTALS		219.00	162.60	0.00	0.00		76.40
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	142.60
PLAN TYPE: AETNA CHOICE POS II NET 04633										
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
	2	284.00	162.60	0.00	0.00	141.40	142.60	0.00	142.60

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
 MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
 N19 Procedure code incidental to primary procedure.
 PR-3 Co-payment Amount

