

AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE []  
 PO BOX 740819  
 ATLANTA, GA 303740819  
 (800)227-7789

REMITTANCE  
 ADVICE

TIMOTHY J. TOBOLIC MD PLLC  
 7740 BYRON CENTER AVE SW STE 202  
 BYRON CENTER, MI 493156929

NPI #: 1982923660  
 PAGE #: 1 of 1  
 DATE: 2025-05-29  
 NONPAY #: 11258183401  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME TOBIN, GERALD L			HIC 30593549911	ACNT 5782LMD642	ICN 562232670411			ASG Y	MOA		
1013940584	0410	041025	11	0 G0439		361.00	0.00	0.00	0.00	OA-23	361.00 0.00
1013940584	0410	041025	11	0 99397 25		341.00	0.00	0.00	0.00	PR-204	341.00 0.00
1013940584	0410	041025	11	0 G0442 XU		30.00	0.00	0.00	0.00	OA-23	30.00 0.00
1013940584	0410	041025	11	0 G0444 XU		29.45	0.00	0.00	0.00	OA-23	29.45 0.00
1013940584	0410	041025	11	0 G2211		25.00	0.00	0.00	0.00	PR-204	25.00 0.00
1013940584	0410	041025	11	0 G0446 XU		61.88	0.00	0.00	0.00	OA-23	61.88 0.00
1013940584	0410	041025	11	0 99401 25		65.00	0.00	0.00	0.00	PR-204	65.00 0.00
1013940584	0410	041025	11	0 G0136 33		34.80	0.00	0.00	0.00	OA-23	34.80 0.00
PT RESP	431.00	CLAIM TOTALS				948.13	0.00	0.00	0.00		948.13 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 2: Processed as Secondary											

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	948.13	0.00	0.00	0.00	948.13	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments  
 PR-204 This service / equipment / drug is not covered under the patient's current benefit plan

