

OMAHA INSURANCE COMPANY []
 3300 MUTUAL OF OMAHA PLZ
 OMAHA, NE 681751004
 (000)000-0000

REMITTANCE
 ADVICE

TIMOTHY J TOBOLIC MD PL [0006598733]
 STE 202
 7740 BYRON CENTER AVE
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-06-24
 EFT #: 692951502
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME STILEN, MARGIE			HIC 43890997F		ACNT 6697LMD642	ICN 586395041500-001/BC		ASG Y	MOA		
1013940584	0530	053025	11	1 99396	25	327.00	327.00	0.00	0.00	PR-45	150.00
1013940584	0530	053025	11	1 G0136	33	34.80	34.80	0.00	0.00	PR-45	0.00
1013940584	0530	053025	11	1 99213		146.00	146.00	0.00	0.00	PR-45	0.00
1013940584	0530	053025	11	1 36415		20.00	0.00	0.00	0.00	OA-23	0.00
1013940584	0530	053025	11	1 G0442	XU	30.00	0.00	0.00	0.00	OA-23	0.00
1013940584	0530	053025	11	1 G0444	XU	29.45	0.00	0.00	0.00	OA-23	0.00
1013940584	0530	053025	11	1 82043	QW	14.70	0.00	0.00	0.00	OA-23	0.00
1013940584	0530	053025	11	1 82570	QW	17.85	0.00	0.00	0.00	OA-23	0.00
1013940584	0530	053025	11	1 90677		350.00	0.00	0.00	0.00	OA-23	0.00
1013940584	0530	053025	11	1 90471		41.00	41.00	0.00	0.00	PR-45	0.00
PT RESP	398.80			CLAIM TOTALS		1010.80	548.80	0.00	0.00		150.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	150.00
STATUS CODE 2: Processed as Secondary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	3.70

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	1010.80	548.80	0.00	0.00	860.80	146.30	3.70	146.30

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

