

Group Marketing []
 PO Box 888407
 Grand Rapids, MI 49588
 (000)000-0000

REMITTANCE
 ADVICE

TIMOTHY TOBOLIC MD
 7740 BYRON CENTER AVE
 SUITE 202
 Byron Center, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-06-20
 EFT #: 690026010
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BOUMA, JOSH R.		HIC 734124351	ACNT	6275LMD642			ICN 333L3922501819800	ASG Y	MOA	
	0508 050825	1 99396			327.00	189.66	0.00	0.00	CO-45	137.34 189.66
	0508 050825	1 G0136			65.00	37.70	0.00	0.00	CO-45	27.30 0.00
			REM: N174						PR-96	37.70
	0508 050825	1 82043			14.70	8.53	0.00	0.00	CO-45	6.17 8.53
	0508 050825	1 82570			17.85	10.35	0.00	0.00	CO-45	7.50 10.35
	0508 050825	1 36415			20.00	11.60	0.00	0.00	CO-45	8.40 11.60
	0508 050825	1 G0446			65.00	37.70	0.00	0.00	CO-45	27.30 37.70
	0508 050825	1 G0442			30.00	17.40	0.00	0.00	CO-45	12.60 17.40
	0508 050825	1 G0444			29.45	17.08	0.00	0.00	CO-45	12.37 17.08
PT RESP	37.70		CLAIM TOTALS		569.00	330.02	0.00	0.00		276.68 292.32
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 292.32
STATUS CODE 1: Processed as Primary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	7.22

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	569.00	330.02	0.00	0.00	276.68	285.10	7.22	285.10

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N174 This is not a covered service / procedure/ equipment / bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'.
 PR-96 Non-covered charge(s).

