

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES []
P.O. BOX 30479
LANSING, MI 48909

REMITTANCE
ADVICE

TIMOTHY TOBOLIC, MD, PLLC [CV0012104]
7740 BYRON CENTER AVE SW

TAX ID #: 272620668
PAGE #: 1 of 1
DATE: 2025-08-20
CHECK #: 108928446

BYRON CENTER, MI 493156928

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	TIMMER, SUZANNE M					HIC 0032230696	ACNT 5696LMD642				ICN 312522510517750000	ASG Y	MOA MA114	
1306898036	0407	040725	11	1	99214	25		241.68	110.16	0.00	0.00	CO-45	131.52	110.16
						REM: N442								
1306898036	0407	040725	11	1	96127	XU		40.00	2.98	0.00	0.00	CO-45	37.02	2.98
1306898036	0407	040725	11	1	82043	QW		14.70	4.78	0.00	0.00	CO-45	9.92	4.78
1306898036	0407	040725	11	1	82570	QW		17.85	4.29	0.00	0.00	CO-45	13.56	4.29
1306898036	0407	040725	11	1	G0446	XU		61.88	0.00	0.00	0.00	CO-16	61.88	0.00
						REM: N56 N799 N65								
1306898036	0407	040725	11	1	G0447	XU		65.00	0.00	0.00	0.00	CO-16	65.00	0.00
						REM: N56 N799 N65								
1306898036	0407	040725	11	1	99401	33		65.00	24.50	0.00	0.00	CO-45	40.50	24.50
1306898036	0407	040725	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	11	1	3060F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		506.11	146.71	0.00	0.00		359.40	146.71
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	146.71
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	506.11	146.71	0.00	0.00	359.40	146.71	0.00	146.71

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
MA114 Missing/incomplete/invalid information on where the services were furnished.
N442 Payment based on an alternate fee schedule.
N56 Procedure code billed is not correct/valid for the services billed or the date of service billed.
N65 Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
N799 Submitted identifier must be an individual identifier, not group identifier.

