

Insight Benefit Administrators LLC-ICL 1113 []
 660 Ada Dr SE
 Ada, MI 49301
 (000)000-0000

REMITTANCE
 ADVICE

TIMOTHY J TOBOLIC MD PLLC
 7740 BYRON CENTER AVE
 SUITE 202
 BYRON CENTER, MI 49315

NPI #: 1013940584
 PAGE #: 1 of 1
 DATE: 2025-04-07
 NONPAY #: 650826225
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DEKLEINE, BETTY			HIC	30000001798	ACNT	5121LMD642		ICN	202503211107	ASG Y	MOA
INSURED NAME: DEKLEINE, JOHN											
272620668	0305	030525		99214	25	219.00	0.00	0.00	0.00	CO-163	219.00
272620668	0305	030525		36415		20.00	0.00	0.00	0.00	CO-163	20.00
										CO-45	-17.82
										OA-23	8.91
										OA-22	8.91
272620668	0305	030525		G2211		25.00	0.00	0.00	0.00	CO-163	25.00
272620668	0305	030525		82043	QW	14.70	0.00	0.00	0.00	CO-163	14.70
										CO-45	-11.32
										OA-23	5.66
										OA-22	5.66
272620668	0305	030525		82570	QW	17.85	0.00	0.00	0.00	CO-163	17.85
										CO-45	-10.16
										OA-23	5.08
										OA-22	5.08
272620668	0305	030525		3075F		0.00	0.00	0.00	0.00		0.00
272620668	0305	030525		3079F		0.00	0.00	0.00	0.00		0.00
272620668	0305	030525		3061F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		296.55	0.00	0.00	0.00		296.55
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET
STATUS CODE 2: Processed as Secondary											0.00

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	296.55	0.00	0.00	0.00	296.55	0.00	0.00	0.00

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

CO-163 Claim / Service adjusted because the attachment referenced on the claim was not received.
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 OA-22 Payment adjusted because this care may be covered by another payer per coordination of benefits.
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

