

AETNA []
 151 FARMINGTON AVENUE
 HARTFORD, CT 06156
 (000)000-0000

REMITTANCE
 ADVICE

TOBOLIC, TIMOTHY J [355706410]
 7740 BYRON CENTER AVE SW STE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-08-08
 EFT #: 882521601022400
 TAX ID #: 272620668

| REND | PROV | SERV DATE | POS | NOS | PROC | MODS | BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AMT | PROV PD |
|-------------------------------------|-------|-----------|-----|-----|-----------------------|------------|--------|---------|--------------------|-------------------|------------|---------|
| NAME VANDORP, KENNETH R | | | | | HIC 101307928100 ACNT | 7748LMD642 | | | | ICN EGJNP3BXR0000 | ASG Y MOA | |
| 1013940584 | 0731 | 073125 | 11 | 1 | 99214 | | 219.00 | 120.84 | 0.00 | 60.42 | CO-253 | 1.21 |
| | | | | | REM: N669 | | | | | | CO-45 | 98.16 |
| 1013940584 | 0731 | 073125 | 11 | 1 | G2211 | | 25.00 | 15.26 | 0.00 | 7.63 | CO-253 | 0.15 |
| | | | | | REM: N669 | | | | | | CO-45 | 9.74 |
| 1013940584 | 0731 | 073125 | 11 | 1 | G8476 | | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | | | | | REM: N620 | | | | | | | |
| 1013940584 | 0731 | 073125 | 11 | 1 | G8420 | | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | | | | | REM: N620 | | | | | | | |
| 1013940584 | 0731 | 073125 | 11 | 1 | 3075F | | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | | | | | REM: N620 | | | | | | | |
| 1013940584 | 0731 | 073125 | 11 | 1 | 3078F | | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | | | | | REM: N620 | | | | | | | |
| 1013940584 | 0731 | 073125 | 11 | 1 | 3008F | | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | | | | | REM: N620 | | | | | | | |
| 1013940584 | 0731 | 073125 | 11 | 1 | 2001F | | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | | | | | REM: N620 | | | | | | | |
| 1013940584 | 0731 | 073125 | 11 | 1 | 2000F | | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | | | | | REM: N620 | | | | | | | |
| 1013940584 | 0731 | 073125 | 11 | 1 | 1000F | | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | | | | | REM: N620 | | | | | | | |
| 1013940584 | 0731 | 073125 | 11 | 1 | 1159F | | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | | | | | REM: N620 | | | | | | | |
| 1013940584 | 0731 | 073125 | 11 | 1 | 1160F | | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | | | | | REM: N620 | | | | | | | |
| PT RESP | 68.05 | | | | CLAIM TOTALS | | 244.00 | 136.10 | 0.00 | 68.05 | | 109.26 |
| ADJ TO TOTAL: PREV PD | | | | | INTEREST | | 0.00 | | LATE FILING CHARGE | | 0.00 | NET |
| PLAN TYPE: PPO - MEDICARE (AETNA) | | | | | | | | | | | | 66.69 |
| 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 | 244.00 | 136.10 | 0.00 | 68.05 | 109.26 | 66.69 | 0.00 | 66.69 |

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-253 Sequestration - reduction in federal spending
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N620 Alert: This procedure code is for quality reporting / informational purposes only.
 N669 Adjusted based on the Medicare fee schedule.
 PR-2 Coinsurance Amount

