

UNITED HEALTHCARE INSURANCE COMPANY []
9900 BREN ROAD
MINNETONKA, MN 553439664
(877)842-3210

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC
7740 BYRON CENTER AVE SW STE 2

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-04-03
NONPAY #: W318266952
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD		
NAME	BLANDO, NICHOLAS V		HIC	981576539	ACNT	5159LMD642			ICN	EY18534708	0072225273	ASG Y	MOA	MA15
1306898036	0307	030725	11	1	3074F		0.00	0.00	0.00	0.00				0.00
1306898036	0307	030725	11	1	3078F		0.00	0.00	0.00	0.00				0.00
1306898036	0307	030725	11	1	3061F		0.00	0.00	0.00	0.00				0.00
PT RESP	0.00				CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00		0.00
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET		0.00
PLAN TYPE:	NEX OAP													
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

