

HealthSmart Benefit Solutions []  
P.O. Box 93670  
Lubbock, TX 79493

REMITTANCE  
ADVICE

TOBOLIC TIMOTHY MD  
7740 BYRON CENTER AVE  
STE 202  
BYRON CENTER, MI 49315

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-06-13  
EFT #: 1194069718  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	SPRAGUE, CLARENCE				HIC XXX-XX-9880	ACNT 4524LMD642			ICN 0751905201		ASG Y MOA	
	1014 101424 11		1	99214			219.00	123.66	0.00	0.00	CO-45 71.08	123.66
											OA-23 24.26	
	1014 101424 11		1	3074F			0.00	0.00	0.00	0.00		0.00
	1014 101424 11		1	3078F			0.00	0.00	0.00	0.00		0.00
	1014 101424 11		1	1036F			0.00	0.00	0.00	0.00		0.00
	1014 101424 11		1	G2211			25.00	0.00	0.00	0.00	PR-204 25.00	0.00
	1014 101424 11		1	1160F			0.00	0.00	0.00	0.00		0.00
	1014 101424 11		1	3008F			0.00	0.00	0.00	0.00		0.00
	1014 101424 11		1	2001F			0.00	0.00	0.00	0.00		0.00
	1014 101424 11		1	1000F			0.00	0.00	0.00	0.00		0.00
	1014 101424 11		1	1159F			0.00	0.00	0.00	0.00		0.00
	1014 101424 11		1	2000F			0.00	0.00	0.00	0.00		0.00
PT RESP	25.00				CLAIM TOTALS		244.00	123.66	0.00	0.00	120.34	123.66
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00 NET	123.66
STATUS CODE 2: Processed as Secondary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Claim transmission fee amount (AH)		1194069718		2.46

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	123.66	0.00	0.00	120.34	121.20	2.46	121.20

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

PR-204 This service / equipment / drug is not covered under the patient's current benefit plan

