

Insight Benefit Administrators LLC []
 3033 Orchard Vista Dr. S.E.
 Grand Rapids, MI 49546
 (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: 2025-04-04
 NONPAY #: 649985415
 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	
272620668	0305 030525		99214 25		219.00	0.00	0.00	0.00	CO-96	219.00 0.00
272620668	0305 030525		36415		20.00	0.00	0.00	0.00	CO-96	20.00 0.00
									CO-45	-8.91
									OA-22	8.91
272620668	0305 030525		G2211		25.00	0.00	0.00	0.00	CO-96	25.00 0.00
272620668	0305 030525		82043 QW		14.70	0.00	0.00	0.00	CO-96	14.70 0.00
									CO-45	-5.66
									OA-22	5.66
272620668	0305 030525		82570 QW		17.85	0.00	0.00	0.00	CO-96	17.85 0.00
									CO-45	-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 0.00
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 4: Denied										

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

CO-96 Non-covered charge(s).

OA-22 Payment adjusted because this care may be covered by another payer per coordination of benefits.

