

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 2
DATE: 2025-07-21
EFT #: 882519601013392
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	VELTMAN, MARILYN L				HIC 101642754600	ACNT 6888LMD642				ICN EATYN9CV80001	ASG Y	MOA	
1306898036	0610	061025	11	1	G0439		361.00	121.85	0.00	0.00	CO-253	2.44	119.41
					REM: N669						CO-45	239.15	
1306898036	0610	061025	11	1	99497	33	132.00	77.66	0.00	0.00	CO-253	1.55	76.11
					REM: N669						CO-45	54.34	
1306898036	0610	061025	11	1	99214	25	241.68	120.84	0.00	0.00	CO-253	2.42	118.42
					REM: N669						CO-45	120.84	
1306898036	0610	061025	11	1	G0442	XU	43.00	0.00	0.00	0.00	PI-119	43.00	0.00
					REM: N640								
1306898036	0610	061025	11	1	G0444	XU	91.00	0.00	0.00	0.00	PR-119	91.00	0.00
					REM: N587								
1306898036	0610	061025	11	1	93000		71.00	13.33	0.00	2.00	CO-253	0.23	11.10
					REM: N669						CO-45	57.67	
1306898036	0610	061025	11	1	G0557		94.10	47.05	0.00	7.06	CO-253	0.80	39.19
					REM: N669						CO-45	47.05	
1306898036	0610	061025	11	1	36415		20.00	9.09	0.00	0.00	CO-253	0.18	8.91
					REM: N669						CO-45	10.91	
1306898036	0610	061025	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-253	0.35	17.05
					REM: N669						CO-45	47.60	
1306898036	0610	061025	11	1	G8420		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1306898036	0610	061025	11	1	3074F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1306898036	0610	061025	11	1	3078F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1306898036	0610	061025	11	1	G9622		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1306898036	0610	061025	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	0.31	14.95
					REM: N669						CO-45	9.74	
1306898036	0610	061025	11	1	1036F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1306898036	0610	061025	11	1	1158F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1306898036	0610	061025	11	1	1160F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1306898036	0610	061025	11	1	1159F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1306898036	0610	061025	11	1	2000F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1306898036	0610	061025	11	1	2001F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1306898036	0610	061025	11	1	3008F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1306898036	0610	061025	11	1	2010F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
PT RESP	100.06				CLAIM TOTALS		1143.78	422.48	0.00	9.06		729.58	405.14
ADJ TO TOTAL: PREV PD					INTEREST		0.06					NET	405.14
PLAN TYPE: ESA - MEDICARE (AETNA)													
STATUS CODE 1: Processed as Primary													

PROVIDER ADJ DETAILS: PLB REASON CODE FCN/OTHER IDENTIFIER HIC AMOUNT
Interest Owed (L6) -0.06

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	1143.78	422.48	0.00	9.06	729.58	405.20	-0.06	405.20

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.
N587 Policy benefits have been exhausted.
N620 Alert: This procedure code is for quality reporting / informational purposes only.
N640 Exceeds number / frequency approved / allowed within time period.



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2 of 2

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N669 Adjusted based on the Medicare fee schedule.
PI-119 Benefit maximum for this time period or occurrence has been reached.
PR-119 Benefit maximum for this time period or occurrence has been reached.
PR-2 Coinsurance Amount

