

PRIORITY HEALTH []  
 1231 E. BELTLINE NE  
 GRAND RAPIDS, MI 49525  
 (000)000-0000

REMITTANCE  
 ADVICE

TIMOTHY J TOBOLIC MD PLLC [900068405]  
 7740 BYRON CENTER AVE SW  
 BYRON CENTER, MI 49315

NPI #: 1982923660  
 PAGE #: 1 of 1  
 DATE: 2025-03-06  
 NONPAY #: 25054B1000351140  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	DAMSTRA, STEVEN		HIC 94807250003	ACNT	4881LMD642				ICN 435210137100	ASG Y	MOA
1306898036	0219	021925	1	99213		146.00	102.19	102.19	0.00	CO-45	43.81
1306898036	0219	021925	1	G2211		25.00	0.00	0.00	0.00	CO-97	25.00
1306898036	0219	021925	1	3008F		0.00	0.00	0.00	0.00		
1306898036	0219	021925	1	2001F		0.00	0.00	0.00	0.00		
1306898036	0219	021925	1	2000F		0.00	0.00	0.00	0.00		
1306898036	0219	021925	1	1000F		0.00	0.00	0.00	0.00		
1306898036	0219	021925	1	1159F		0.00	0.00	0.00	0.00		
1306898036	0219	021925	1	1160F		0.00	0.00	0.00	0.00		
1306898036	0219	021925	1	3075F		0.00	0.00	0.00	0.00		
1306898036	0219	021925	1	3078F		0.00	0.00	0.00	0.00		
PT RESP	102.19		CLAIM	TOTALS		171.00	102.19	102.19	0.00		68.81
ADJ TO TOTAL:	PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1:	Processed as Primary										0.00

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	171.00	102.19	102.19	0.00	68.81	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-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated  
 PR-1 Deductible Amount

