

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 3
DATE: 2025-04-24
EFT #: 25103B1000295367
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME GRAY, WENDY			HIC 94730830301	ACNT	1158LMD642			ICN 406012437100	ASG Y	MOA	
1013940584	0717	071724	-1 99214			-219.00	0.00	0.00	0.00	CO-97	-219.00 0.00
			REM: N19								
1013940584	0717	071724	-1 99406			-23.00	0.00	0.00	0.00	CO-16	-23.00 0.00
			REM: M76								
1013940584	0717	071724	-1 3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 1000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			-242.00	0.00	0.00	0.00		-242.00 0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	NET 0.00
STATUS CODE 22: Reversal of Previous Payment											
NAME GRAY, WENDY			HIC 94730830301	ACNT	1158LMD642			ICN 406649434800	ASG Y	MOA	
1013940584	0717	071724	-1 99214 25			-219.00	0.00	0.00	0.00	CO-16	-219.00 0.00
			REM: N152								
1013940584	0717	071724	-1 99406			-23.00	0.00	0.00	0.00	CO-16	-23.00 0.00
			REM: N152								
1013940584	0717	071724	-1 3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 1000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			-242.00	0.00	0.00	0.00		-242.00 0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	NET 0.00
STATUS CODE 22: Reversal of Previous Payment											
NAME GRAY, WENDY			HIC 94730830301	ACNT	1158LMD642			ICN 415155485100	ASG Y	MOA	
1013940584	0717	071724	-1 99214 25			-219.00	0.00	0.00	0.00	CO-16	-219.00 0.00
			REM: N152								
1013940584	0717	071724	-1 99406			-23.00	0.00	0.00	0.00	CO-16	-23.00 0.00
			REM: N152								
1013940584	0717	071724	-1 3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1 1000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			-242.00	0.00	0.00	0.00		-242.00 0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	NET 0.00
STATUS CODE 22: Reversal of Previous Payment											



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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME GRAY, WENDY			HIC	94730830301	ACNT	1158LMD642			ICN 417404994100	ASG Y	MOA	
1013940584	0717	071724	-1	99214			-219.00	0.00	0.00	0.00	CO-16	-219.00 0.00
					REM: N152							
1013940584	0717	071724	-1	99406	25		-23.00	0.00	0.00	0.00	CO-16	-23.00 0.00
					REM: N152							
1013940584	0717	071724	-1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	1000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-242.00	0.00	0.00	0.00		-242.00 0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 22: Reversal of Previous Payment												

NAME GRAY, WENDY			HIC	94730830301	ACNT	1158LMD642			ICN 426104266700	ASG Y	MOA	
1013940584	0717	071724	-1	99214	25		-219.00	0.00	0.00	0.00	CO-16	-219.00 0.00
					REM: N152							
1013940584	0717	071724	-1	99406	33		-23.00	0.00	0.00	0.00	CO-16	-23.00 0.00
					REM: N152							
1013940584	0717	071724	-1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	1000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-242.00	0.00	0.00	0.00		-242.00 0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 22: Reversal of Previous Payment												

NAME GRAY, WENDY			HIC	94730830301	ACNT	1158LMD642			ICN 426604456600	ASG Y	MOA	
1013940584	0717	071724	-1	99214			-219.00	0.00	0.00	0.00	CO-16	-219.00 0.00
					REM: N152							
1013940584	0717	071724	-1	99406	25		-23.00	0.00	0.00	0.00	CO-16	-23.00 0.00
					REM: N152							
1013940584	0717	071724	-1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	-1	1000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-242.00	0.00	0.00	0.00		-242.00 0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 22: Reversal of Previous Payment												

NAME GRAY, WENDY			HIC	94730830301	ACNT	1158LMD642			ICN 434532195800	ASG Y	MOA	
1013940584	0717	071724	1	99214			219.00	0.00	0.00	0.00	CO-97	219.00 0.00
					REM: N19							
1013940584	0717	071724	1	99406			23.00	19.81	0.00	0.00	CO-45	3.19 19.81
1013940584	0717	071724	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0717	071724	1	1000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		242.00	19.81	0.00	0.00		222.19 19.81
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 19.81
STATUS CODE 1: Processed as Primary												



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PAGE #: 3 of 3

REMITTANCE
ADVICE
DATE: 2025-04-24

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KOSTER, JEFFRY			HIC 94739278700	ACNT 5683LMD642		ICN 437399100600			ASG Y	MOA	
INSURED NAME: KOSTER, JEFF											
1013940584	0228	022825	1	99386		388.00	195.79	0.00	0.00	CO-45	195.79
1013940584	0228	022825	1	99214	25	219.00	144.12	144.12	0.00	CO-45	0.00
1013940584	0228	022825	1	96127	XU	40.00	9.34	0.00	0.00	CO-45	9.34
1013940584	0228	022825	1	96160	XU	5.30	5.30	0.00	0.00		5.30
1013940584	0228	022825	1	G0136	33	34.80	25.59	0.00	0.00	CO-45	25.59
1013940584	0228	022825	1	36415		20.00	15.09	0.00	0.00	CO-45	15.09
1013940584	0228	022825	1	G0447	XU	0.00	0.00	0.00	0.00		0.00
1013940584	0228	022825	1	99401	33	0.00	0.00	0.00	0.00		0.00
1013940584	0228	022825	1	97802		26.00	0.00	0.00	0.00	CO-97	0.00
REM: N19											
1013940584	0228	022825	1	0513F		0.00	0.00	0.00	0.00		0.00
1013940584	0228	022825	1	G9621		0.00	0.00	0.00	0.00		0.00
1013940584	0228	022825	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	144.12		CLAIM TOTALS			733.10	395.23	144.12	0.00	337.87	251.11
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	251.11
STATUS CODE 1: Processed as Primary											

NAME KOSTER, JEFFRY			HIC 94739278700	ACNT 5684LMD642	ICN 437399100800				ASG Y	MOA		
INSURED NAME: KOSTER, JEFF												
1013940584	0321	032125	1	99214	25	219.00	144.12	144.12	0.00	CO-45	74.88	0.00
1013940584	0321	032125	1	97803		59.34	0.00	0.00	0.00	CO-97	59.34	0.00
REM: N19												
1013940584	0321	032125	1	G0447	XU	65.00	30.99	0.00	0.00	CO-45	34.01	30.99
1013940584	0321	032125	1	99401	33	65.00	51.65	0.00	0.00	CO-45	13.35	51.65
1013940584	0321	032125	1	G0446	XU	61.88	30.99	0.00	0.00	CO-45	30.89	30.99
1013940584	0321	032125	1	3077F		0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	1	3080F		0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	1	3008F		0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	1	2001F		0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	1	2000F		0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	1	1000F		0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	1	1159F		0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	144.12		CLAIM TOTALS			470.22	257.75	144.12	0.00		212.47	113.63
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	NET	113.63
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
	9	-6.68	672.79	288.24	0.00	-679.47	384.55	0.00	384.55

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

- CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.
- 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
- M76 Missing / incomplete / invalid diagnosis or condition.
- N152 Missing / incomplete / invalid replacement claim information.
- N19 Procedure code incidental to primary procedure.
- PR-1 Deductible Amount

