

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: 2025-05-29
 EFT #: 25138B1000345760
 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 2916LMD642					ICN 437525575000	ASG Y MOA	
1013940584	1104 110424	1 99213 25			146.00	0.00	0.00	0.00	CO-16 146.00	0.00
			REM: N152							
1013940584	1104 110424	1 11402 RT			261.00	0.00	0.00	0.00	CO-16 261.00	0.00
			REM: N152							
1013940584	1104 110424	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1104 110424	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1104 110424	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	1104 110424	1 1160F			0.00	0.00	0.00	0.00		0.00
1013940584	1104 110424	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	1104 110424	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	1104 110424	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	1104 110424	1 1159F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS		407.00	0.00	0.00	0.00	407.00	0.00
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00 NET	0.00
STATUS CODE 1: Processed as Primary										

NAME GRAY, WENDY		HIC 94730830301	ACNT 6323LMD642					ICN 445515159900	ASG Y MOA	
1013940584	0418 041825	1 99213 25			146.00	103.06	103.06	0.00	CO-45 42.94	0.00
1013940584	0418 041825	1 G0447 XU			65.00	31.26	0.00	0.00	CO-45 33.74	31.26
1013940584	0418 041825	1 99401 25			65.00	52.09	0.00	0.00	CO-45 12.91	52.09
1013940584	0418 041825	1 G8476			0.00	0.00	0.00	0.00		0.00
1013940584	0418 041825	1 G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0418 041825	1 G8427			0.00	0.00	0.00	0.00		0.00
1013940584	0418 041825	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0418 041825	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0418 041825	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0418 041825	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0418 041825	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0418 041825	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0418 041825	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0418 041825	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	103.06		CLAIM TOTALS		276.00	186.41	103.06	0.00	89.59	83.35
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00 NET	83.35
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
	2	683.00	186.41	103.06	0.00	496.59	83.35	0.00	83.35

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.
 N152 Missing / incomplete / invalid replacement claim information.
 PR-1 Deductible Amount

