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

TIMOTHY J TOBOLIC MD PLLC [900068405]

7740 BYRON CENTER AVE SW

BYRON CENTER, MI 49315

NPI #: 1982923660

PAGE #: 1 of 2

DATE: 2025-06-19

EFT #: 25166B1000431386

TAX ID #: 272620668

REND PROV SERV DATE PO	S NOS PROC MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	мт	PROV PD
NAME MUNDWILER, BRITTANY	HIC 1034428336 ACN	6296LMD642		ICN 445	551515680	00 ASG	Y MOA	
1306898036 0509 050925	1 99213 25	171.26	0.00	0.00	0.00	CO-22	171.26	0.00
	REM: N479							
1306898036 0509 050925	1 G2211	30.52	0.00	0.00	0.00	CO-22	30.52	0.00
	REM: N479							
1306898036 0509 050925	1 96372	26.50	0.00	0.00	0.00	CO-22	26.50	0.00
	REM: N479							
1306898036 0509 050925	1 G0447 XU	65.00	0.00	0.00	0.00	CO-22	65.00	0.00
	REM: N479						00.00	*****
1306898036 0509 050925	1 3074F	0.00	0.00	0.00	0.00			0.00
1306898036 0509 050925	1 3078F	0.00	0.00	0.00	0.00			0.00
1306898036 0509 050925	1 1036F	0.00	0.00	0.00	0.00			0.00
1306898036 0509 050925	1 2010F	0.00	0.00	0.00	0.00			0.00
1306898036 0509 050925	1 3008F	0.00	0.00	0.00	0.00			0.00
1306898036 0509 050925	1 2001F							0.00
1306898036 0509 050925		0.00	0.00	0.00	0.00			
	1 1159F	0.00	0.00	0.00	0.00			0.00
1306898036 0509 050925	1 2000F	0.00	0.00	0.00	0.00			0.00
1306898036 0509 050925	1 1160F	0.00	0.00	0.00	0.00			0.00
1306898036 0509 050925	1 1000F	0.00	0.00	0.00	0.00			0.00
1306898036 0509 050925	1 1003F	0.00	0.00	0.00	0.00			0.00
1306898036 0509 050925	1 1220F	0.00	0.00	0.00	0.00			0.00
PT RESP 0.00	CLAIM TOTALS	293.28	0.00	0.00	0.00		293.28	0.00
ADJ TO TOTAL: PREV PD	INTEREST	0.00	LATE	FILING C	HARGE	0.00	NET	0.00
STATUS CODE 1: Processed	as Primary							
NAME SCHMIDT, JACQUELINE	HIC 0095220930 ACN	5695LMD642		ICN 437	73991020	00 ASG	Y MOA	
1306898036 0407 040725	-1 99214 25	-219.00	-82.43	0.00	0.00	CO-45	-136.57	-82.43
1306898036 0407 040725	-1 96127 XU	-40.00	-2.98	0.00	0.00	CO-45	-37.02	-2.98
1306898036 0407 040725	-1 G0446 XU	-61.88	0.00	0.00	0.00	CO-96	-61.88	0.00
	REM: N174							
1306898036 0407 040725	-1 3074F	0.00	0.00	0.00	0.00			0.00
1306898036 0407 040725	-1 3078F	0.00	0.00	0.00	0.00			0.00
1306898036 0407 040725	-1 1036F	0.00	0.00	0.00	0.00			0.00
1306898036 0407 040725	-1 G8510	0.00	0.00	0.00	0.00			0.00
1306898036 0407 040725	-1 3008F	0.00	0.00	0.00	0.00			0.00
1306898036 0407 040725	-1 2001F	0.00	0.00	0.00	0.00			0.00
1306898036 0407 040725	-1 2000F	0.00	0.00	0.00	0.00			0.00
1306898036 0407 040725	-1 1000F	0.00	0.00	0.00	0.00			0.00
1306898036 0407 040725	-1 1000F -1 1159F	0.00	0.00	0.00	0.00			0.00
1306898036 0407 040725	-1 1160F	0.00	0.00	0.00	0.00		035 45	0.00
PT RESP 0.00	CLAIM TOTALS		-85.41	0.00	0.00		-235.47	-85.41
ADJ TO TOTAL: PREV PD	INTEREST	0.00	LATE	FILING C	HARGE	0.00	NET	-85.41
STATUS CODE 22: Reversal	of Previous Payment							
					10500001			
NAME SCHMIDT, JACQUELINE		5695LMD642			19627984			00.43
1306898036 0407 040725	1 99214 25	219.00	82.43	0.00	0.00	CO-45	136.57	82.43
1306898036 0407 040725	1 96127 XU	40.00	2.98	0.00	0.00	CO-45	37.02	2.98
1306898036 0407 040725	1 G0446 XU	61.88	0.00	0.00	0.00	CO-96	61.88	0.00
	REM: N174							
1306898036 0407 040725	1 3074F	0.00	0.00	0.00	0.00			0.00
1306898036 0407 040725	1 3078F	0.00	0.00	0.00	0.00			0.00
1306898036 0407 040725	1 1036F	0.00	0.00	0.00	0.00			0.00
1306898036 0407 040725	1 G8510	0.00	0.00	0.00	0.00			0.00
1306898036 0407 040725	1 3008F	0.00	0.00	0.00	0.00			0.00
1306898036 0407 040725	1 2001F	0.00	0.00	0.00	0.00			0.00
1306898036 0407 040725	1 2000F	0.00	0.00	0.00	0.00			0.00
1306898036 0407 040725	1 1000F	0.00	0.00	0.00	0.00			0.00
1306898036 0407 040725	1 1159F	0.00	0.00	0.00	0.00			0.00
1306898036 0407 040725	1 1160F	0.00	0.00	0.00	0.00			0.00
PT RESP 0.00	CLAIM TOTALS	320.88	85.41	0.00	0.00		235.47	85.41
ADJ TO TOTAL: PREV PD	INTEREST	0.00		FILING C		0.00	NET	85.41
STATUS CODE 1: Processed		0.00	TALE	TILLING CI	GL	0.00	1417.1	00.41
DIATOD CODE I: PIOCESSEG	CP LITHUILY							



PRIORITY HEALTH REMITTANCE

NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC [900068405] ADVICE EFT #: 25166B1000431386 PAGE #: 2 of 2 DATE: 2025-06-19

REND PROV	SERV DATE	POS N	NOS PRO	C MOI	DS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	ИT	PROV PD
NAME TIMME	ER, SUZANNE		HIC 0032	2230696	ACNT	5724LMD642	2	ICN 4	13749170720	0 ASG	Y MOA	
	0407 040725		-1 99499			-0.01	-0.01	0.00	0.00			-0.01
PT RESP	0.00			TOTAL:	S	-0.01	-0.01	0.00	0.00		0.00	-0.01
	TAL: PREV PD		<u> </u>		EREST	0.00		FILING		0.00	NET	-0.01
	DE 22: Revers	al of	Previous			0.00		111110	CILLICE	0.00	1121	0.01
5111105 001	L LL. REVELD	u_	11011041	, raymor								
NAME TIMME	ER, SUZANNE		HIC 0032	2230696	ACNT	5724LMD642	2	TCN 4	13749170720	1 ASG	Y MOA	
	0407 040725		1 99499			0.01	0.00	0.00	0.00	PR-27	0.01	0.00
					N650	****				/	****	
PT RESP	0.01		CT.ATM	I TOTAL:		0.01	0.00	0.00	0.00		0.01	0.00
	TAL: PREV PD		021121		EREST	0.00		FILING		0.00	NET	0.00
	E 1: Process	ed as	Primary	11111	BREDI	0.00	LAIL	TILING	CIIIICI	0.00	1121	0.00
	ULSKI, REBEC		HIC 0059		ACNT	6042LMD64			14461281890			
1013940584	1 0424 042425		-1 99495			-318.00	0.00	0.00	0.00	CO-16	-318.00	0.00
					N769	156 50				~~ ~ ~	156 50	
1013940584	1 0424 042425		-1 G3002		4	-156.72	0.00	0.00	0.00	CO-96	-156.72	0.00
1012040504			1 00445		N174	65.00	0.00	0 00	0.00	go 06	65.00	0.00
1013940584	1 0424 042425		-1 G0447	_		-65.00	0.00	0.00	0.00	CO-96	-65.00	0.00
1012040504			1 2005		N174	0.00	0.00	0 00	0.00			0.00
	4 0424 042425		-1 3075E			0.00	0.00	0.00	0.00			0.00
	1 0424 042425		-1 3078F			0.00	0.00	0.00	0.00			0.00
	0424 042425		-1 3008F			0.00	0.00	0.00	0.00			0.00
	0424 042425		-1 2001E			0.00	0.00	0.00	0.00			0.00
	0424 042425		-1 2000E			0.00	0.00	0.00	0.00			0.00
	0424 042425		-1 1000E			0.00	0.00	0.00	0.00			0.00
	1 0424 042425		-1 1159E			0.00	0.00	0.00	0.00			0.00
	1 0424 042425		-1 1160E			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIN	I TOTAL:		-539.72	0.00	0.00	0.00		-539.72	0.00
	TAL: PREV PD		_		EREST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS COL	DE 22: Revers	al of	Previous	s Paymei	nt							
NAME CHACK	ULSKI, REBEC	CA.	HIC 0059	961701	ACNT	6042LMD642	2	ICN 4	14603003720	0 ASG	Y MOA	
1013940584	4 0424 042425		1 99495	25		318.00	132.49	0.00	0.00	CO-45	185.51	132.49
1013940584	1 0424 042425		1 G3002	2		156.72	0.00	0.00	0.00	CO-96	156.72	0.00
				REM:	N174							
1013940584	0424 042425		1 G0447	7 XU		65.00	0.00	0.00	0.00	CO-96	65.00	0.00
				REM:	N174							
1013940584	4 0424 042425		1 3075E	7		0.00	0.00	0.00	0.00			0.00
	0424 042425		1 30781			0.00	0.00	0.00	0.00			0.00
	0424 042425		1 30081			0.00	0.00	0.00	0.00			0.00
	0424 042425		1 2001E			0.00	0.00	0.00	0.00			0.00
	0424 042425		1 2000E			0.00	0.00	0.00	0.00			0.00
	0424 042425		1 10001			0.00	0.00	0.00	0.00			0.00
	0424 042425		1 11591			0.00	0.00	0.00	0.00			0.00
	0424 042425		1 11601			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			TOTAL:	5	539.72	132.49	0.00	0.00		407.23	132.49
	TAL: PREV PD		02.111		EREST	0.00		FILING		0.00	NET	132.49
	DE 1: Process	ed as	Primary	-1111		0.00	LAIL		Jimmige	3.00	-1-11	_52.17
TOTALS:	# OF B	ILLED	<u>λ</u> Τ.Τ	OWED	DED	IICT (COINS	TOTAL	PROV P	י ת	PROV	CHECK
TOTALD.		AMT		MT	AM		AMT	RC-AMT	AMT		J AMT	AMT
	-	293.28		132.48		0.00	0.00	160.8			0.00	132.48
	•						0.00					102.10

GLOSSARY		GROTTP -	REASON.	MOA -	REMARK	AND	REASON	CODES
GHODDEHKI	•	GROOT,	KEEDON,	mon,	TATIFICAL	THILD	KELLDOM	COPED

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

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

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

CO-96 Non-covered charge(s).

N174 This is not a covered service / procedure/ equipment / bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'.

N479 Missing Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer).

N650 This policy was not in effect for this date of loss. No coverage is available.

N769 A lateral diagnosis is required.

PR-27 Expenses incurred after coverage terminated.

