

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 2
DATE: 2025-04-10
EFT #: 25096B1000429889
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME GODLEY, LYRIC				HIC	1084002022	ACNT	5556LMD642	ICN 437070322900				ASG Y	MOA	
1306898036	0328	032825		1	99213			146.00	58.58	0.00	0.00	CO-45	87.42	58.58
1306898036	0328	032825		1	G8476			0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825		1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825		1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825		1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825		1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825		1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825		1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825		1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			146.00	58.58	0.00	0.00		87.42	58.58
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	58.58
STATUS CODE 1: Processed as Primary														
NAME THOMAS, REMEDY				HIC	94966184100	ACNT	5554LMD642	ICN 437070322200				ASG Y	MOA	
1306898036	0328	032825		1	99213			146.00	78.28	0.00	0.00	CO-45	67.72	78.28
1306898036	0328	032825		1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825		1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825		1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825		1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825		1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825		1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			146.00	78.28	0.00	0.00		67.72	78.28
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	78.28
STATUS CODE 1: Processed as Primary														
NAME EZINGA, MICHELLE				HIC	0029382641	ACNT	5624LMD642	ICN 437200891600				ASG Y	MOA	
1013940584	1003	100324		1	36415			20.00	7.31	0.00	0.00	CO-45	12.69	7.31
PT RESP	0.00				CLAIM TOTALS			20.00	7.31	0.00	0.00		12.69	7.31
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	7.31
STATUS CODE 1: Processed as Primary														
NAME EZINGA, MICHELLE				HIC	0029382641	ACNT	5625LMD642	ICN 437200891800				ASG Y	MOA	
1013940584	0403	040325		1	99396 25			327.00	112.37	0.00	0.00	CO-45	214.63	112.37
1013940584	0403	040325		1	36415			20.00	7.53	0.00	0.00	CO-45	12.47	7.53
1013940584	0403	040325		1	96127 XU			40.00	2.98	0.00	0.00	CO-45	37.02	2.98
1013940584	0403	040325		1	96160 XU			5.30	1.92	0.00	0.00	CO-45	3.38	1.92
1013940584	0403	040325		1	G0136 33			34.80	12.14	0.00	0.00	CO-45	22.66	12.14
1013940584	0403	040325		1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0403	040325		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0403	040325		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0403	040325		1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0403	040325		1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			427.10	136.94	0.00	0.00		290.16	136.94
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	136.94
STATUS CODE 1: Processed as Primary														
NAME VANDERWALL, KEVIN				HIC	0094933502	ACNT	5299LMD642	ICN 436490813300				ASG Y	MOA	
1013940584	0312	031225		-1	99214 25			-219.00	-82.43	0.00	0.00	CO-45	-136.57	-82.43
1013940584	0312	031225		-1	99401 33			0.00	0.00	0.00	0.00			0.00
1013940584	0312	031225		-1	G0447 XU			0.00	0.00	0.00	0.00			0.00
1013940584	0312	031225		-1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0312	031225		-1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			-219.00	-82.43	0.00	0.00		-136.57	-82.43
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	-82.43
STATUS CODE 22: Reversal of Previous Payment														



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PAGE #: 2 of 2

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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VANDERWALL, KEVIN			HIC	0094933502	ACNT	5299LMD642	ICN 436805643700			ASG Y	MOA	
1013940584	0312	031225	1	99214	25		219.00	82.43	0.00	0.00	CO-45	82.43
1013940584	0312	031225	1	99401	33		65.00	24.50	0.00	0.00	CO-45	24.50
1013940584	0312	031225	1	G0447	XU		40.00	0.00	0.00	0.00	CO-96	0.00
REM: N174												
1013940584	0312	031225	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0312	031225	1	3078F			0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS				324.00	106.93	0.00	0.00		106.93
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	106.93
STATUS CODE 1: Processed as Primary												

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	6	844.10	305.61	0.00	0.00	538.49	305.61	0.00	305.61

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

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'.

