

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: 2025-04-03  
 EFT #: 25082B1000329919  
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KNAPP, KEVIN		HIC 94911776100	ACNT 4502LMD642		ICN 434273803200	ASG Y	MOA			
1306898036	0131 013125	-1 G0442 XU			-43.00	0.00	0.00	0.00	CO-16	-43.00 0.00
		REM: M51								
1306898036	0131 013125	-1 99395			-297.00	-153.20	0.00	0.00	CO-45	-143.80 -153.20
1306898036	0131 013125	-1 G0444 33			-91.00	0.00	0.00	0.00	CO-16	-91.00 0.00
		REM: M51								
1306898036	0131 013125	-1 G2211			-25.00	0.00	0.00	0.00	CO-97	-25.00 0.00
1306898036	0131 013125	-1 36415			-20.00	0.00	0.00	0.00	CO-16	-20.00 0.00
		REM: MA63								
1306898036	0131 013125	-1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0131 013125	-1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0131 013125	-1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0131 013125	-1 G8427			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS			-476.00	-153.20	0.00	0.00		-322.80 -153.20
ADJ TO TOTAL: PREV PD		INTEREST			0.00		LATE FILING CHARGE		0.00	NET -153.20
STATUS CODE 22: Reversal of Previous Payment										

NAME KNAPP, KEVIN		HIC 94911776100	ACNT 4502LMD642		ICN 434940733900	ASG Y	MOA			
1306898036	0131 013125	1 99395 25			297.00	153.20	0.00	0.00	CO-45	143.80 153.20
1306898036	0131 013125	1 G2211			25.00	0.00	0.00	0.00	CO-97	25.00 0.00
1306898036	0131 013125	1 36415			20.00	0.00	0.00	0.00	CO-16	20.00 0.00
		REM: MA63								
1306898036	0131 013125	1 96127 XU			40.00	9.34	0.00	0.00	CO-45	30.66 9.34
1306898036	0131 013125	1 96127 33			40.00	9.34	0.00	0.00	CO-45	30.66 9.34
1306898036	0131 013125	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0131 013125	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0131 013125	1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0131 013125	1 G8427			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS			422.00	171.88	0.00	0.00		250.12 171.88
ADJ TO TOTAL: PREV PD		INTEREST			0.00		LATE FILING CHARGE		0.00	NET 171.88
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	-54.00	18.68	0.00	0.00	-72.68	18.68	0.00	18.68

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  
 M51 Missing / incomplete / invalid procedure code(s).  
 MA63 Missing / incomplete / invalid principal diagnosis.

