

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 5
DATE: 2025-05-29
EFT #: 25145B1000094429
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME DOANE, DEBBIE				HIC	94805320400	ACNT	6511LMD642			ICN	445959632500	ASG Y	MOA	
1306898036	0519	051925		1	99214			219.00	152.63	0.00	0.00	CO-45	66.37	152.63
1306898036	0519	051925		1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0519	051925		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0519	051925		1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0519	051925		1	4004F			0.00	0.00	0.00	0.00			0.00
1306898036	0519	051925		1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0519	051925		1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0519	051925		1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0519	051925		1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0519	051925		1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0519	051925		1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0519	051925		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00		CLAIM TOTALS				219.00	152.63	0.00	0.00		66.37	152.63
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	152.63
PLAN TYPE: COREWELL HLTH WMI NTWK														
STATUS CODE 1: Processed as Primary														

NAME TAGG, ERIC			HIC	94836880600	ACNT	6528LMD642	ICN	445995035100	ASG Y	MOA		
1306898036	0520	052025	1	99396 25		327.00	172.48	0.00	0.00	CO-45	154.52	172.48
1306898036	0520	052025	1	G0136 33		65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1306898036	0520	052025	1	G0446 XU		65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1306898036	0520	052025	1	82043 QW		14.70	6.00	0.00	0.00	CO-45	8.70	6.00
1306898036	0520	052025	1	82570 QW		17.85	5.65	0.00	0.00	CO-45	12.20	5.65
1306898036	0520	052025	1	G0442 XU		30.00	0.00	0.00	0.00	CO-16	30.00	0.00
			REM: M51									
1306898036	0520	052025	1	G0444 XU		29.45	0.00	0.00	0.00	CO-16	29.45	0.00
			REM: M51									
1306898036	0520	052025	1	G0447 XU		65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1306898036	0520	052025	1	3075F		0.00	0.00	0.00	0.00			0.00
1306898036	0520	052025	1	3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0520	052025	1	G9621		0.00	0.00	0.00	0.00			0.00
1306898036	0520	052025	1	G8510		0.00	0.00	0.00	0.00			0.00
1306898036	0520	052025	1	3060F		0.00	0.00	0.00	0.00			0.00
1306898036	0520	052025	1	3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0520	052025	1	2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0520	052025	1	2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0520	052025	1	1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0520	052025	1	1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0520	052025	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP 0.00			CLAIM TOTALS			614.00	273.75	0.00	0.00		340.25	273.75
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	NET	273.75
STATUS CODE 1: Processed as Primary												

NAME WESTBROOK, CHERYL			HIC	94971566500	ACNT	5795LMD642	ICN 444228284500		ASG Y	MOA		
1306898036	0411	041125	-1	G0439		-243.70	0.00	0.00	0.00	CO-16	-243.70	0.00
			REM: M51									
1306898036	0411	041125	-1	99396 25		-327.00	0.00	0.00	0.00	CO-6	-327.00	0.00
1306898036	0411	041125	-1	36415		-20.00	-15.22	0.00	0.00	CO-45	-4.78	-15.22
1306898036	0411	041125	-1	G0136 33		-65.00	-27.10	0.00	0.00	CO-45	-37.90	-27.10
1306898036	0411	041125	-1	G0447 XU		-65.00	-31.26	0.00	0.00	CO-45	-33.74	-31.26
1306898036	0411	041125	-1	G0442 XU		-30.00	0.00	0.00	0.00	CO-16	-30.00	0.00
			REM: M51									
1306898036	0411	041125	-1	G0444 XU		-29.45	0.00	0.00	0.00	CO-16	-29.45	0.00
			REM: M51									
1306898036	0411	041125	-1	0513F		0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125	-1	3079F		0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125	-1	3075F		0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125	-1	G8510		0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125	-1	G9622		0.00	0.00	0.00	0.00			0.00
PT RESP		0.00	CLAIM TOTALS			-780.15	-73.58	0.00	0.00		-706.57	-73.58
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE		0.00	NET	-73.58
STATUS CODE 22: Reversal of Previous Payment												



PRIORITY HEALTH

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ADVICE
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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	WESTBROOK, CHERYL			HIC	94971566500	ACNT	5795LMD642			ICN	444688136500	ASG Y	MOA	
1306898036	0411	041125		1	G0439			243.70	0.00	0.00	0.00	CO-16	243.70	0.00
					REM: M51									
1306898036	0411	041125		1	99397	25		0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125		1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1306898036	0411	041125		1	G0136	33		65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1306898036	0411	041125		1	G0447	XU		65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1306898036	0411	041125		1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00	0.00
					REM: M51									
1306898036	0411	041125		1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45	0.00
					REM: M51									
1306898036	0411	041125		1	0513F			0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125		1	3079F			0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125		1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125		1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125		1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		453.15	73.58	0.00	0.00		379.57	73.58
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	73.58
STATUS CODE 1: Processed as Primary														

NAME	EDWARDS, ROBERT			HIC	94958771700	ACNT	6537LMD642			ICN	445995043500	ASG Y	MOA	
1013940584	1218	121824		1	83036	QW		60.90	10.72	0.00	2.14	CO-45	50.18	8.58
1013940584	1218	121824		1	3044F			0.00	0.00	0.00	0.00			0.00
PT RESP	2.14				CLAIM	TOTALS		60.90	10.72	0.00	2.14		50.18	8.58
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	8.58
PLAN TYPE: COREWELL HLTH WMI NTWK														
STATUS CODE 1: Processed as Primary														

NAME	ERICKSON, PAUL			HIC	94831837901	ACNT	6453LMD642			ICN	445959625900	ASG Y	MOA	
1013940584	0516	051625		1	99396	25		327.00	172.48	0.00	0.00	CO-45	154.52	172.48
1013940584	0516	051625		1	99406	25		65.00	20.94	0.00	0.00	CO-45	44.06	20.94
1013940584	0516	051625		1	82043	QW		14.70	6.00	6.00	0.00	CO-45	8.70	0.00
1013940584	0516	051625		1	82570	QW		17.85	5.65	5.65	0.00	CO-45	12.20	0.00
1013940584	0516	051625		1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1013940584	0516	051625		1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	G9621			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	3061F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	11.65				CLAIM	TOTALS		444.55	220.29	11.65	0.00		224.26	208.64
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	208.64
PLAN TYPE: COREWELL HLTH WMI NTWK														
STATUS CODE 1: Processed as Primary														

NAME	FIFELSKI, DIANNE			HIC	94767042200	ACNT	6586LMD642			ICN	446030041200	ASG Y	MOA	
1013940584	0522	052225		1	99396	25		327.00	172.48	0.00	0.00	CO-45	154.52	172.48
1013940584	0522	052225		1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1013940584	0522	052225		1	G0136	33		65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1013940584	0522	052225		1	82043	QW		14.70	6.00	0.00	0.00	CO-45	8.70	6.00
1013940584	0522	052225		1	82570	QW		17.85	5.65	0.00	0.00	CO-45	12.20	5.65
1013940584	0522	052225		1	G0446	XU		65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1013940584	0522	052225		1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00	0.00
					REM: M51									
1013940584	0522	052225		1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45	0.00
					REM: M51									
1013940584	0522	052225		1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0522	052225		1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0522	052225		1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0522	052225		1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0522	052225		1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0522	052225		1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0522	052225		1	G9621			0.00	0.00	0.00	0.00			0.00
1013940584	0522	052225		1	G9899			0.00	0.00	0.00	0.00			0.00
1013940584	0522	052225		1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		569.00	257.71	0.00	0.00		311.29	257.71
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	257.71
STATUS CODE 1: Processed as Primary														



PRIORITY HEALTH

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TIMOTHY J TOBOLIC MD PLLC [900068405]
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REMITTANCE
ADVICE
DATE: 2025-05-29

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	KAMMERAD, BRIAN					HIC 94740962600	ACNT 6454LMD642			ICN 445959626400		ASG Y MOA		
1013940584	0516	051625		1	99213	25		146.00	108.22	0.00	0.00	CO-45	37.78	78.22
												PR-3	30.00	
1013940584	0516	051625		1	82043	QW		14.70	6.00	0.00	0.00	CO-45	8.70	6.00
1013940584	0516	051625		1	82570	QW		17.85	5.65	0.00	0.00	CO-45	12.20	5.65
1013940584	0516	051625		1	99401	25		65.00	54.70	0.00	0.00	CO-45	10.30	54.70
1013940584	0516	051625		1	G0447	XU		65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1013940584	0516	051625		1	G0446	XU		65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1013940584	0516	051625		1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	G8417			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	3060F			0.00	0.00	0.00	0.00			0.00
PT RESP	30.00					CLAIM TOTALS		373.55	237.09	0.00	0.00		166.46	207.09
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	207.09
STATUS CODE 1: Processed as Primary														

NAME	PAPA, KATHLEEN					HIC 94944309500	ACNT 5288LMD642			ICN 436490813000		ASG Y MOA		
1013940584	0312	031225		-1	99396	25		-327.00	0.00	0.00	0.00	CO-16	-327.00	0.00
						REM: N769								
1013940584	0312	031225		-1	82043	QW		-14.70	-5.95	-5.95	0.00	CO-45	-8.75	0.00
1013940584	0312	031225		-1	82570	QW		-17.85	-5.60	-5.60	0.00	CO-45	-12.25	0.00
1013940584	0312	031225		-1	36415			-20.00	-15.09	0.00	0.00	CO-45	-4.91	-15.09
1013940584	0312	031225		-1	96160	XU		-5.30	-5.30	0.00	0.00			-5.30
1013940584	0312	031225		-1	G0136	33		-34.80	0.00	0.00	0.00	CO-16	-34.80	0.00
						REM: N769								
1013940584	0312	031225		-1	96127	XU		-40.00	-9.34	0.00	0.00	CO-45	-30.66	-9.34
1013940584	0312	031225		-1	G0447	XU		-15.00	-15.00	0.00	0.00			-15.00
1013940584	0312	031225		-1	99401	33		-40.00	-40.00	0.00	0.00			-40.00
1013940584	0312	031225		-1	G0446	XU		-61.88	-30.99	0.00	0.00	CO-45	-30.89	-30.99
1013940584	0312	031225		-1	3077F			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
1013940584	0312	031225		-1	3061F			0.00	0.00	0.00	0.00			0.00
1013940584	0312	031225		-1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0312	031225		-1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		-576.53	-127.27	-11.55	0.00		-449.26	-115.72
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	-115.72
PLAN TYPE: COREWELL HLTH WMI NTWK														
STATUS CODE 22: Reversal of Previous Payment														

NAME	PAPA, KATHLEEN					HIC 94944309500	ACNT 5288LMD642			ICN 437272738900		ASG Y MOA		
1013940584	0312	031225		1	99396	25		327.00	171.02	0.00	0.00	CO-45	155.98	171.02
1013940584	0312	031225		1	82043	QW		14.70	5.95	5.95	0.00	CO-45	8.75	0.00
1013940584	0312	031225		1	82570	QW		17.85	5.60	5.60	0.00	CO-45	12.25	0.00
1013940584	0312	031225		1	36415			20.00	15.09	0.00	0.00	CO-45	4.91	15.09
1013940584	0312	031225		1	96160	XU		5.30	5.30	0.00	0.00			5.30
1013940584	0312	031225		1	G0136	33		34.80	26.87	0.00	0.00	CO-45	7.93	26.87
1013940584	0312	031225		1	96127	XU		40.00	9.34	0.00	0.00	CO-45	30.66	9.34
1013940584	0312	031225		1	G0447	XU		15.00	15.00	0.00	0.00			15.00
1013940584	0312	031225		1	99401	33		40.00	0.00	0.00	0.00	CO-97	40.00	0.00
						REM: N119								
1013940584	0312	031225		1	G0446	XU		61.88	30.99	0.00	0.00	CO-45	30.89	30.99
1013940584	0312	031225		1	3077F			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
1013940584	0312	031225		1	3061F			0.00	0.00	0.00	0.00			0.00
1013940584	0312	031225		1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0312	031225		1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	11.55					CLAIM TOTALS		576.53	285.16	11.55	0.00		291.37	273.61
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	273.61
PLAN TYPE: COREWELL HLTH WMI NTWK														
STATUS CODE 1: Processed as Primary														



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25145B1000094429

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 4 of 5

REMITTANCE
ADVICE
DATE: 2025-05-29

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VANLAAR, MICHAEL			HIC 94979538301		ACNT 6553LMD642		ICN 445995046100		ASG Y		MOA	
INSURED NAME: VAN LAAR, MICHAEL												
1013940584	0521	052125	1	99396	25		327.00	172.48	0.00	0.00	CO-45	154.52 172.48
1013940584	0521	052125	1	G0136	33		34.80	27.10	0.00	0.00	CO-45	7.70 27.10
1013940584	0521	052125	1	36415			20.00	15.22	0.00	0.00	CO-45	4.78 15.22
1013940584	0521	052125	1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00 0.00
REM: M51												
1013940584	0521	052125	1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45 0.00
REM: M51												
1013940584	0521	052125	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	1	1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	1	G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0521	052125	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS				441.25	214.80	0.00	0.00		226.45 214.80
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 214.80
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												

NAME VANFLEET, MARY			HIC 94997671901		ACNT 5577LMD642		ICN 437124924100		ASG Y		MOA	
1013940584	0331	033125	-1	99396	25		-327.00	-171.02	0.00	0.00	CO-45	-155.98 -171.02
1013940584	0331	033125	-1	G0136	33		-34.80	-26.87	0.00	0.00	CO-45	-7.93 -26.87
1013940584	0331	033125	-1	99401	33		0.00	0.00	0.00	0.00		0.00
1013940584	0331	033125	-1	G0447	XU		0.00	0.00	0.00	0.00		0.00
1013940584	0331	033125	-1	36415			-20.00	-15.09	0.00	0.00	CO-45	-4.91 -15.09
1013940584	0331	033125	-1	97803			-59.34	0.00	0.00	0.00	CO-97	-59.34 0.00
REM: N19												
1013940584	0331	033125	-1	96127	XU		-40.00	-9.34	0.00	0.00	CO-45	-30.66 -9.34
1013940584	0331	033125	-1	96160	XU		-10.00	-5.71	0.00	0.00	CO-45	-4.29 -5.71
1013940584	0331	033125	-1	G8417			0.00	0.00	0.00	0.00		0.00
1013940584	0331	033125	-1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0331	033125	-1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0331	033125	-1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0331	033125	-1	G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS				-491.14	-228.03	0.00	0.00		-263.11 -228.03
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET -228.03
PLAN TYPE: MY PRIORITY HMO												
STATUS CODE 22: Reversal of Previous Payment												

NAME VANFLEET, MARY			HIC 94997671901		ACNT 5577LMD642		ICN 437525576000		ASG Y		MOA	
1013940584	0331	033125	1	99396	25		327.00	171.02	0.00	0.00	CO-45	155.98 171.02
1013940584	0331	033125	1	G0136	33		34.80	26.87	0.00	0.00	CO-45	7.93 26.87
1013940584	0331	033125	1	99401	25		65.00	0.00	0.00	0.00	CO-97	65.00 0.00
REM: N119												
1013940584	0331	033125	1	G0447	XU		65.00	30.99	0.00	0.00	CO-45	34.01 30.99
1013940584	0331	033125	1	36415			20.00	15.09	0.00	0.00	CO-45	4.91 15.09
1013940584	0331	033125	1	97803			59.34	0.00	0.00	0.00	CO-97	59.34 0.00
REM: N19												
1013940584	0331	033125	1	96127	XU		40.00	9.34	0.00	0.00	CO-45	30.66 9.34
1013940584	0331	033125	1	96160	XU		10.00	5.71	0.00	0.00	CO-45	4.29 5.71
1013940584	0331	033125	1	G8417			0.00	0.00	0.00	0.00		0.00
1013940584	0331	033125	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0331	033125	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0331	033125	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0331	033125	1	G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS				621.14	259.02	0.00	0.00		362.12 259.02
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 259.02
PLAN TYPE: MY PRIORITY HMO												
STATUS CODE 1: Processed as Primary												



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25145B1000094429

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 5 of 5

REMITTANCE
ADVICE
DATE: 2025-05-29

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VELDHEER, BRAD				HIC	94814743202	ACNT	4891LMD642		ICN	435871517400	ASG Y	MOA
1013940584	0220	022025	-1	99396	25		0.00	0.00	0.00	0.00		0.00
1013940584	0220	022025	-1	36415			-20.00	-15.09	0.00	0.00	CO-45	-4.91
1013940584	0220	022025	-1	99406			-23.00	-20.76	0.00	0.00	CO-45	-2.24
1013940584	0220	022025	-1	G0442	XU		-30.00	0.00	0.00	0.00	CO-16	-30.00
				REM: M51								
1013940584	0220	022025	-1	G0444	33		-29.45	0.00	0.00	0.00	CO-16	-29.45
				REM: M51								
1013940584	0220	022025	-1	0513F			0.00	0.00	0.00	0.00		0.00
1013940584	0220	022025	-1	G9621			0.00	0.00	0.00	0.00		0.00
1013940584	0220	022025	-1	G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM	TOTALS		-102.45	-35.85	0.00	0.00		-66.60
ADJ TO TOTAL: PREV PD				INTEREST			0.00		LATE FILING CHARGE		0.00	NET
PLAN TYPE: COREWELL HLTH WMI NTWK												-35.85
STATUS CODE 22: Reversal of Previous Payment												

NAME VELDHEER, BRAD			HIC	94814743202	ACNT	4891LMD642	ICN 444962797800		ASG Y	MOA		
1013940584	0220	022025	1	99396	25	327.00	171.02	0.00	0.00	CO-45	155.98	171.02
1013940584	0220	022025	1	36415		20.00	15.09	0.00	0.00	CO-45	4.91	15.09
1013940584	0220	022025	1	99406		23.00	20.76	0.00	0.00	CO-45	2.24	20.76
1013940584	0220	022025	1	G0442	XU	30.00	0.00	0.00	0.00	CO-16	30.00	0.00
			REM: M51									
1013940584	0220	022025	1	G0444	33	29.45	0.00	0.00	0.00	CO-16	29.45	0.00
			REM: M51									
1013940584	0220	022025	1	0513F		0.00	0.00	0.00	0.00			0.00
1013940584	0220	022025	1	G9621		0.00	0.00	0.00	0.00			0.00
1013940584	0220	022025	1	G8510		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS	429.45	206.87	0.00	0.00		222.58	206.87
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	NET	206.87
PLAN TYPE: COREWELL HLTH WMI NTWK												
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
	15	2852.25	1726.89	11.65	2.14	1155.36	1683.10	0.00	1683.10

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-6	The procedure / revenue code is inconsistent with the patient's age.
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).
N119	This service is not paid if billed once every 28 days, and the patient has spent 5 or more consecutive days in any inpatient or Skilled /nursing Facility (SNF) within those 28 days.
N19	Procedure code incidental to primary procedure.
N769	A lateral diagnosis is required.
PR-1	Deductible Amount
PR-2	Coinsurance Amount
PR-3	Co-payment Amount

