

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: 2025-07-10
EFT #: 25187B1000401049
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HYDE, WARREN			HIC 1239663325		ACNT 5555LMD642	ICN 444135373601		ASG Y	MOA		
1306898036	0328	032825	-1 99213			-146.00	0.00	0.00	0.00	PR-27	-146.00 0.00
REM: N650											
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 1036F			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	0.00	0.00	0.00		-146.00 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 22: Reversal of Previous Payment											

NAME HYDE, WARREN			HIC 1239663325		ACNT 5555LMD642	ICN 444135373602		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 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 1036F			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 CHACHULSKI, REBECCA			HIC 0059961701		ACNT 7017LMD642	ICN 447446768000		ASG Y	MOA		
1013940584	0609	060925	1 99499			0.01	0.00	0.00	0.00	CO-96	0.01 0.00
REM: N174											
PT RESP	0.00		CLAIM TOTALS			0.01	0.00	0.00	0.00		0.01 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 JAHNKE, BRADLEY			HIC 0040100589		ACNT 7207LMD642	ICN 454505745300		ASG Y	MOA		
1013940584	0623	062325	1 99499			0.01	0.00	0.00	0.00	CO-252	0.01 0.00
REM: M29											
PT RESP	0.00		CLAIM TOTALS			0.01	0.00	0.00	0.00		0.01 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 JAHNKE, BRADLEY			HIC 0040100589		ACNT 7187LMD642	ICN 454505745400		ASG Y	MOA		
1013940584	0623	062325	1 99215 25			339.70	154.56	0.00	0.00	CO-45	185.14 154.56
1013940584	0623	062325	1 G2211			30.52	0.00	0.00	0.00	CO-97	30.52 0.00
1013940584	0623	062325	1 G0446 XU			61.88	0.00	0.00	0.00	CO-96	61.88 0.00
REM: N174											
1013940584	0623	062325	1 G0447 XU			65.00	0.00	0.00	0.00	CO-96	65.00 0.00
REM: N174											
1013940584	0623	062325	1 3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0623	062325	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0623	062325	1 4004F			0.00	0.00	0.00	0.00		0.00
1013940584	0623	062325	1 3044F			0.00	0.00	0.00	0.00		0.00
1013940584	0623	062325	1 3048F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			497.10	154.56	0.00	0.00		342.54 154.56
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 154.56
STATUS CODE 1: Processed as Primary											



PRIORITY HEALTH

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PAGE #: 2 of 2

REMITTANCE
ADVICE
DATE: 2025-07-10

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	SCHUMAKER, WILLIAM			HIC	0010329532	ACNT	5974LMD642			ICN	445051510000	ASG Y	MOA	
1013940584	0421	042125		-1	99214	25		-219.00	0.00	0.00	0.00	CO-16	-219.00	0.00
							REM: N769							
1013940584	0421	042125		-1	G2211			-25.00	0.00	0.00	0.00	CO-16	-25.00	0.00
							REM: N769							
1013940584	0421	042125		-1	36415			-20.00	-7.53	0.00	0.00	CO-45	-12.47	-7.53
1013940584	0421	042125		-1	G0446	XU		-61.88	0.00	0.00	0.00	CO-96	-61.88	0.00
							REM: N174							
1013940584	0421	042125		-1	82570	QW		-17.85	-4.29	0.00	0.00	CO-45	-13.56	-4.29
1013940584	0421	042125		-1	82043	QW		-14.70	-4.78	0.00	0.00	CO-45	-9.92	-4.78
1013940584	0421	042125		-1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125		-1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125		-1	2028F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125		-1	2010F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125		-1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125		-1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125		-1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125		-1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125		-1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125		-1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00				CLAIM TOTALS		-358.43	-16.60	0.00	0.00		-341.83	-16.60
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	-16.60
STATUS CODE 22: Reversal of Previous Payment														

NAME	SCHUMAKER, WILLIAM			HIC	0010329532	ACNT	5974LMD642			ICN	446342868900	ASG Y	MOA	
1013940584	0421	042125		1	99214	25		219.00	110.16	0.00	0.00	CO-45	108.84	110.16
1013940584	0421	042125		1	G2211			25.00	0.00	0.00	0.00	CO-97	25.00	0.00
1013940584	0421	042125		1	36415			20.00	7.53	0.00	0.00	CO-45	12.47	7.53
1013940584	0421	042125		1	G0446	XU		61.88	0.00	0.00	0.00	CO-96	61.88	0.00
							REM: N174							
1013940584	0421	042125		1	82570	QW		17.85	4.29	0.00	0.00	CO-45	13.56	4.29
1013940584	0421	042125		1	82043	QW		14.70	4.78	0.00	0.00	CO-45	9.92	4.78
1013940584	0421	042125		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125		1	2028F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125		1	2010F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125		1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125		1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00				CLAIM TOTALS		358.43	126.76	0.00	0.00		231.67	126.76
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	126.76
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
	7	497.12	323.30	0.00	0.00	173.82	323.30	0.00	323.30

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-252	An attachment / other documentation is required to adjudicate this claim / service. Check Remittance Remark Codes for details.
CO-45	Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-96	Non-covered charge(s).
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
M29	Missing operative note / report.
N174	This is not a covered service / procedure/ equipment / bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'.
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.

