

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: 2025-08-14  
EFT #: 25222B1000434471  
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME NINK, NOAH		HIC 1175980175	ACNT	7792LMD642			ICN 456597579200	ASG Y	MOA	
1306898036	0804 080425	1 99214			219.00	82.43	0.00	0.00	CO-45	136.57 82.43
1306898036	0804 080425	1 G8420			0.00	0.00	0.00	0.00		0.00
1306898036	0804 080425	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0804 080425	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0804 080425	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0804 080425	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0804 080425	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0804 080425	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0804 080425	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0804 080425	1 1160F			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 1: Processed as Primary										
NAME SCHMIDT, JACQUELINE		HIC 0095220930	ACNT	7835LMD642			ICN 456597585500	ASG Y	MOA	
1306898036	0801 080125	1 73630			70.40	0.00	0.00	0.00	CO-4	70.40 0.00
PT RESP	0.00	CLAIM TOTALS			70.40	0.00	0.00	0.00		70.40 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	7781LMD642			ICN 456597584900	ASG Y	MOA	
1013940584	0703 070325	1 36415			20.00	7.53	0.00	0.00	CO-45	12.47 7.53
PT RESP	0.00	CLAIM TOTALS			20.00	7.53	0.00	0.00		12.47 7.53
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 7.53
STATUS CODE 1: Processed as Primary										
NAME JAHNKE, BRADLEY		HIC 0040100589	ACNT	7908LMD642			ICN 456761333900	ASG Y	MOA	
1013940584	0807 080725	1 99214 25			219.00	0.00	0.00	0.00	CO-16	219.00 0.00
		REM: N769								
1013940584	0807 080725	1 G0447 XU			65.00	0.00	0.00	0.00	CO-96	65.00 0.00
		REM: N174								
1013940584	0807 080725	1 99401 25			65.00	24.50	0.00	0.00	CO-45	40.50 24.50
1013940584	0807 080725	1 G2211			25.00	0.00	0.00	0.00	CO-16	25.00 0.00
		REM: N769								
1013940584	0807 080725	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0807 080725	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0807 080725	1 1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0807 080725	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0807 080725	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0807 080725	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0807 080725	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0807 080725	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0807 080725	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS			374.00	24.50	0.00	0.00		349.50 24.50
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 24.50
STATUS CODE 1: Processed as Primary										



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REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MORTON, AUSTIN			HIC	0008257561	ACNT	7894LMD642		ICN	456709896100	ASG Y	MOA
1013940584	0806	080625	1	99215	25	295.00	154.56	0.00	0.00	CO-45	154.56
1013940584	0806	080625	1	83036	QW	60.90	8.04	0.00	0.00	CO-45	8.04
1013940584	0806	080625	1	G0446	XU	65.00	0.00	0.00	0.00	CO-96	0.00
REM: N174											
1013940584	0806	080625	1	G0447	XU	65.00	0.00	0.00	0.00	CO-96	0.00
REM: N174											
1013940584	0806	080625	1	99401	25	65.00	24.50	0.00	0.00	CO-45	24.50
1013940584	0806	080625	1	3077F		0.00	0.00	0.00	0.00		0.00
1013940584	0806	080625	1	3080F		0.00	0.00	0.00	0.00		0.00
1013940584	0806	080625	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0806	080625	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0806	080625	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0806	080625	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0806	080625	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0806	080625	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM	TOTALS	550.90	187.10	0.00	0.00		
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary											187.10

NAME VANVOLKINBURG, JACOB			HIC	0039548804	ACNT	7777LMD642		ICN	456661000100	ASG Y	MOA
1013940584	0724	072425	1	99213	25	171.26	78.28	0.00	0.00	CO-45	78.28
1013940584	0724	072425	1	G8476		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	1	G8427		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	1	G8420		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM	TOTALS	171.26	78.28	0.00	0.00		
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary											78.28

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	6	1405.56	379.84	0.00	0.00	1025.72	379.84	0.00	379.84

## 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-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.

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'.

N769 A lateral diagnosis is required.

