

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 #: 25089B1000415093  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME FLIPPIN, FLOYD			HIC 0039899040	ACNT 5484LMD642		ICN 436840863700	ASG Y	MOA			
1306898036	0326	032625	1 99214		219.00	82.43	0.00	0.00	CO-45	136.57	82.43
1306898036	0326	032625	1 3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1 3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1 1036F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1 3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1 2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1 2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1 1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1 1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	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 RILEY, KEAGEN			HIC 0022201897	ACNT 5364LMD642		ICN 436805646000	ASG Y	MOA			
1306898036	0318	031825	1 99395 25		297.00	104.46	0.00	0.00	CO-45	192.54	104.46
1306898036	0318	031825	1 G0136 33		34.80	12.14	0.00	0.00	CO-45	22.66	12.14
1306898036	0318	031825	1 G0447 XU		0.00	0.00	0.00	0.00			0.00
1306898036	0318	031825	1 36415		20.00	7.53	0.00	0.00	CO-45	12.47	7.53
1306898036	0318	031825	1 99401 33		65.00	0.00	0.00	0.00	CO-97	65.00	0.00
REM: N119											
1306898036	0318	031825	1 96127 XU		40.00	2.98	0.00	0.00	CO-45	37.02	2.98
1306898036	0318	031825	1 96160 XU		15.00	1.92	0.00	0.00	CO-45	13.08	1.92
1306898036	0318	031825	1 3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0318	031825	1 G8510		0.00	0.00	0.00	0.00			0.00
1306898036	0318	031825	1 G9622		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		471.80	129.03	0.00	0.00		342.77	129.03
ADJ TO TOTAL: PREV PD			INTEREST		0.00	LATE FILING CHARGE			0.00	NET	129.03
STATUS CODE 1: Processed as Primary											

NAME RAMA, EVERLEE			HIC 1237846587	ACNT 5517LMD642		ICN 436876867800	ASG Y	MOA			
1013940584	1211	121124	1 81003		33.60	1.87	0.00	0.00	CO-45	31.73	1.87
PT RESP	0.00		CLAIM TOTALS		33.60	1.87	0.00	0.00		31.73	1.87
ADJ TO TOTAL: PREV PD			INTEREST		0.00	LATE FILING CHARGE			0.00	NET	1.87
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
	3	724.40	213.33	0.00	0.00	511.07	213.33	0.00	213.33

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

