PRIORITY HEALTH []
1231 E. BELTLINE NE
GRAND RAPIDS, MI 49525
(000)000-0000

TIMOTHY J TOBOLIC MD PLLC [900068405]

7740 BYRON CENTER AVE SW

BYRON CENTER, MI 49315

NPI #: 1982923660 PAGE #: 1 of 2 DATE: 2025-05-22

EFT #: 25138B1000446752

TAX ID #: 272620668

1306898036 0513 051325	REND PROV	SERV	DATE	PO	s nos	PROC	с мог	os	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	ИT	PROV PD
1306898036 0513 0513255	NAME DEMEE	ESTER,	MICHEL	LE	HIC	00860	17935	ACNT	6350LMD642	2	ICN 4	44554212210	00 ASG	Y MOA	
1306698036 0513 051325	INSURED NA	ME: D	E MEEST	ER,	MICHE	ELLE									
1306898036 0513 051325	1306898036	0513	051325		1	99396	25		327.00	89.89	0.00	0.00	CO-45	237.11	89.89
REM: M51 SI30689803 S13 S1325	1306898036	0513	051325		1	G0136	33		65.00	12.14	0.00	0.00	CO-45	52.86	12.14
1306898036 0513 051325	1306898036	0513	051325		1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00	0.00
REM: M51 1 G0447 XU REM: N174 1306898036 0513 051325 1 36415 1 3074F 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.							REM:	M51							
1306898036 0513 051325	1306898036	0513	051325		1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45	0.00
REM: N174 20.00							REM:	M51							
1306898036 0513 051325	1306898036	0513	051325		1	G0447	XU		65.00	0.00	0.00	0.00	CO-96	65.00	0.00
1306898036 0513 051325							REM:	N174							
1306898036 0513 051325	1306898036	0513	051325		1	36415			20.00	7.53	0.00	0.00	CO-45	12.47	7.53
1306898036 0513 051325	1306898036	0513	051325		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036 0513 0513255	1306898036	0513	051325		1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036 0513 051325 1 2000F	1306898036	0513	051325		1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036 0513 051325 1 2001F 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1306898036	0513	051325		1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036 0513 051325	1306898036	0513	051325		1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036 0513 051325	1306898036	0513	051325		1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036 0513 051325	1306898036	0513	051325		1	2000F			0.00	0.00	0.00				0.00
1306898036 0513 051325 1 1159F 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	1306898036	0513	051325		1	1000F			0.00		0.00	0.00			0.00
1160F 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00															0.00
PT RESP 0.00 CLAIM TOTALS 100.00 LATE FILING CHARGE 0.00 NET 109.56 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 109.56 EXTATUS CODE 1: Processed as Primary NAME EARHART, KAYLEE															0.00
ADJ TO TOTAL: PREV PD					_		TOTALS	3						426.89	109.56
NAME EARHART, KAYLEE						U							0.00		
NAME EARHART, KAYLEE HIC 0084109027 ACNT 6255LMD642 ICN 445542687600 ASG Y MOA 1306898036 0507 050725 1 99214 25 219.00 110.16 0.00 0.00 CO-45 108.84 110.1 1306898036 0507 050725 1 3074F 0.00 0.00 0.00 0.00 CO-45 40.50 24.5 1306898036 0507 050725 1 3074F 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1306898036 0507 050725 1 3078F 0.00 0.00 0.00 0.00 0.00 0.00 1306898036 0507 050725 1 3078F 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1306898036 0507 050725 1 3008F 0.00 0.00 0.00 0.00 0.00 0.00 0.00				ed :	as Pri	marv			0.00		111110	CIMICO	0.00	1121	103.30
1306898036 0507 050725	5111105 005		1100000	· ·	<u> </u>										
1306898036 0507 050725	NAME EARHA	RT. K	AYLEE		нтс	00841	109027	ACNT	6255TMD642	2	TCN 4	14554268760	00 ASG	Y MOA	
1306898036 0507 050725								110111					-		110 16
1306898036 0507 050725															
1306898036 0507 050725							23						CO 13	10.50	
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1306898036 0507 050725															
1306898036 0507 050725															
1306898036 0507 050725 1 1160F 0.00 0.00 0.00 0.00 0.00 0.00 PT RESP 0.00 CLAIM TOTALS 284.00 134.66 0.00 0.00 149.34 134.66 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 134.66 STATUS CODE 1: Processed as Primary NAME CHACHULSKI, REBECCA HIC 0059961701 ACNT 6042LMD642 ICN 444612818900 ASG Y MOA 1013940584 0424 042425 1 99495 25 318.00 0.00 0.00 0.00 CO-16 318.00 0.0 REM: N769 1013940584 0424 042425 1 G3002 PREM: N174 1013940584 0424 042425 1 G0447 XU 65.00 0.00 0.00 0.00 CO-96 65.00 0.00															
PT RESP 0.00 CLAIM TOTALS 284.00 134.66 0.00 0.00 149.34 134.66 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 134.66 STATUS CODE 1: Processed as Primary NAME CHACHULSKI, REBECCA HIC 0059961701 ACNT 6042LMD642 ICN 444612818900 ASG Y MOA 1013940584 0424 042425 1 99495 25 318.00 0.00 0.00 0.00 CO-16 318.00 0.00 REM: N769 1013940584 0424 042425 1 G3002 156.72 0.00 0.00 0.00 CO-96 156.72 0.00 REM: N174 1013940584 0424 042425 1 G0447 XU 65.00 0.00 0.00 0.00 CO-96 65.00 0.00															
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 134.66 STATUS CODE 1: Processed as Primary NAME CHACHULSKI, REBECCA HIC 0059961701 ACNT 6042LMD642 ICN 444612818900 ASG Y MOA 1013940584 0424 042425 1 99495 25 318.00 0.00 0.00 0.00 CO-16 318.00 0.00 REM: N769 1013940584 0424 042425 1 G3002 156.72 0.00 0.00 0.00 CO-96 156.72 0.00 REM: N174 1013940584 0424 042425 1 G0447 XU 65.00 0.00 0.00 0.00 CO-96 65.00 0.00							попат с	,						140 24	
STATUS CODE 1: Processed as Primary NAME CHACHULSKI, REBECCA HIC 0059961701 ACNT 6042LMD642 ICN 444612818900 ASG Y MOA 1013940584 0424 042425 1 99495 25 318.00 0.00 0.00 0.00 CO-16 318.00 0.00 REM: N769 1013940584 0424 042425 1 G3002 156.72 0.00 0.00 0.00 CO-96 156.72 0.00 REM: N174 1013940584 0424 042425 1 G0447 XU 65.00 0.00 0.00 0.00 CO-96 65.00 0.00						CLAIM							0 00		
NAME CHACHULSKI, REBECCA HIC 0059961701 ACNT 6042LMD642 ICN 444612818900 ASG Y MOA 1013940584 0424 042425 1 99495 25 318.00 0.00 0.00 0.00 CO-16 318.00 0.0 REM: N769 156.72 0.00 0.00 0.00 CO-96 156.72 0.00 REM: N174 1013940584 0424 042425 1 G0447 XU 65.00 0.00 0.00 0.00 CO-96 65.00 0.00					D		TNT	EREST	0.00	LATE	FILLING	CHARGE	0.00	NET	134.00
1013940584 0424 042425	STATUS COD	E I:	process	ea a	as Pri	mary									
1013940584 0424 042425	NAME CUACU	IIII CVT	DEDEC	- T	штс	1 0050	261701	A C'NTT	6042T MD642		TCN /	1//61201000)0 3.CC	V MOA	
REM: N769 1013940584 0424 042425			-					ACNI					-		0.00
1013940584 0424 042425	1013340364	. 0121	042423		_	JJ433		M760	310.00	0.00	0.00	0.00	CO-10	310.00	0.00
REM: N174 1013940584 0424 042425 1 G0447 XU 65.00 0.00 0.00 0.00 CO-96 65.00 0.0	1012040504	0424	042425		1	asons	KEM:	IN 7 0 3	156 72	0 00	0 00	0 00	CO-96	156 72	0.00
1013940584 0424 042425 1 G0447 XU 65.00 0.00 0.00 CO-96 65.00 0.0	1013340364	. 0424	042423			G3002	DEW.	NT 1 7 /	150.72	0.00	0.00	0.00	CO-36	130.72	0.00
	1012040504	0404	040405		-	G0 4 4 E		NI/4	CF 00	0 00	0 00	0.00	go 06	65.00	0.00
	1013940584	0424	042425		1	G044/	-	371 17 4	65.00	0.00	0.00	0.00	CO-96	65.00	0.00
			040405		_		REM:	NI/4							
															0.00
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															0.00
															0.00
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															0.00
															0.00
1013940584 0424 042425	1013940584	0424	042425		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP 0.00 CLAIM TOTALS 539.72 0.00 0.00 539.72 0.0	PT RESP	0.	00			${\tt CLAIM}$	TOTALS	3	539.72	0.00	0.00	0.00		539.72	0.00
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00	ADJ TO TOT	'AL: P	REV PD				INT	EREST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS CODE 1: Processed as Primary	STATUS COD	E 1:	Process	ed a	as Pri	mary									



PRIORITY HEALTH REMITTANCE

NPI #: 1982923660 EFT #: 25138B1000446752 TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 2 of 2 ADVICE DATE: 2025-05-22

REND PROV	V SERV DATE	POS	NOS	PROC	MODS	;	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PI
NAME VAN	VOLKINBURG,	HUNTER	HIC	10229	44808	ACNT	6374LMD64	12	ICN 4	4554211300	0 ASG	Y MOA	
101394058	84 0513 0513	25	1	99394	25		289.00	102.32	0.00	0.00	CO-45	186.68	102.32
101394058	84 0513 0513	25	1	G0444	ΧU		29.45	0.00	0.00	0.00	CO-16	29.45	0.00
					REM: M	176							
101394058	84 0513 0513	25	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS		318.45	102.32	0.00	0.00		216.13	102.32
	OTAL: PREV P				INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	102.32
STATUS CO	ODE 1: Proce	ssed as	s Pri	imary									
NAME VAN	VOLKINBURG,	JACOB	HIC	00395	48804	ACNT	6370LMD64	42	ICN 4	4554212640	0 ASG	Y MOA	
101394058	84 0513 0513	25	1	99213			146.00	78.28	0.00	0.00	CO-45	67.72	78.28
101394058	84 0513 0513	25	1	3008F			0.00	0.00	0.00	0.00			0.00
101394058	84 0513 0513	25	1	2001F			0.00	0.00	0.00	0.00			0.00
101394058	84 0513 0513	25	1	2000F			0.00	0.00	0.00	0.00			0.00
101394058	84 0513 0513	25	1	1000F			0.00	0.00	0.00	0.00			0.00
101394058	84 0513 0513	25	1	1159F			0.00	0.00	0.00	0.00			0.00
101394058	84 0513 0513	25	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS		146.00	78.28	0.00	0.00		67.72	78.28
ADJ TO TO	OTAL: PREV P	D			INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	78.28
STATUS CO	ODE 1: Proce	ssed as	s Pri	imary									
TOTALS:	# OF	BILLEI	<u> </u>	ALLC	WED	DED	UCT	COINS	TOTAL	PROV P	D :	PROV	CHECK
	CLAIMS	AMT		AM	ſΤ	AM'	r	AMT	RC-AMT	AMT	A	DJ AMT	AMT
	5	1824.6	52	42	24.82	(0.00	0.00	1399.8	0 424.	82	0.00	424.82
GLOSSARY CO-16	: GROUP, RE. Claim / se: details. Charge exc	rvice 1	Lacks	s infor	rmation	which	is needed	_					des for

Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-45 CO-96 Non-covered charge(s).

M51

M76

Missing / incomplete / invalid procedure code(s).
Missing / incomplete / invalid diagnosis or condition.
This is not a covered service / procedure/ equipment / bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'. N174

N769 A lateral diagnosis is required.