

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: 2025-03-20
 EFT #: 25068B1000341101
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	GOODMAN, DIANA		HIC	94866310901	ACNT	5079LMD642		ICN	435769269300	ASG Y	MOA
1013940584	0303	030325	1	99214		219.00	151.33	0.00	0.00	CO-45	67.67
										PR-3	10.00
1013940584	0303	030325	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	10.00			CLAIM TOTALS		219.00	151.33	0.00	0.00		77.67
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary											141.33

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	219.00	151.33	0.00	0.00	77.67	141.33	0.00	141.33

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-3 Co-payment Amount

