

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: 2025-08-21  
 EFT #: 25222B1000346828  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BROWN, MARK			HIC 94950911100	ACNT 7873LMD642		ICN 456709826900	ASG Y	MOA			
1306898036	0806	080625	1 99213 25		146.00	108.22	0.00	0.00	CO-45	37.78	108.22
1306898036	0806	080625	1 20610		155.00	0.00	0.00	0.00	CO-4	155.00	0.00
1306898036	0806	080625	1 J1010		1.00	0.12	0.00	0.00	CO-45	0.88	0.12
1306898036	0806	080625	1 3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0806	080625	1 3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0806	080625	1 1036F		0.00	0.00	0.00	0.00			0.00
1306898036	0806	080625	1 3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0806	080625	1 2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0806	080625	1 2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0806	080625	1 1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0806	080625	1 1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0806	080625	1 1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		302.00	108.34	0.00	0.00		193.66	108.34
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	108.34
STATUS CODE 1: Processed as Primary											

NAME VANDERARK, THERESA			HIC 94894709601	ACNT 7829LMD642		ICN 456597582400	ASG Y	MOA			
1013940584	0805	080525	1 99396 25		327.00	172.48	0.00	0.00	CO-45	154.52	172.48
1013940584	0805	080525	1 36415		20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1013940584	0805	080525	1 G0136 33		65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1013940584	0805	080525	2 96127 XU		80.00	18.85	0.00	0.00	CO-45	61.15	18.85
1013940584	0805	080525	1 3074F		0.00	0.00	0.00	0.00			0.00
1013940584	0805	080525	1 3079F		0.00	0.00	0.00	0.00			0.00
1013940584	0805	080525	1 G9622		0.00	0.00	0.00	0.00			0.00
1013940584	0805	080525	1 G8510		0.00	0.00	0.00	0.00			0.00
1013940584	0805	080525	1 1036F		0.00	0.00	0.00	0.00			0.00
1013940584	0805	080525	1 0513F		0.00	0.00	0.00	0.00			0.00
1013940584	0805	080525	1 G8427		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		492.00	233.65	0.00	0.00		258.35	233.65
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	233.65
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
	2	794.00	341.99	0.00	0.00	452.01	341.99	0.00	341.99

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

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.

