

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: 2025-03-13
 EFT #: 25061B1000328777
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	GOODMAN, TODD			HIC 94866310900	ACNT 4946LMD642			ICN 435437897700	ASG Y	MOA	
1013940584	0224	022425	1	99396		327.00	171.02	0.00	0.00	CO-45	171.02
1013940584	0224	022425	1	G0442 XU		30.00	0.00	0.00	0.00	CO-16	0.00
				REM: M51							
1013940584	0224	022425	1	G0444 33		29.45	0.00	0.00	0.00	CO-16	0.00
				REM: M51							
1013940584	0224	022425	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		386.45	171.02	0.00	0.00		171.02
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	171.02
STATUS CODE 1: Processed as Primary											

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	386.45	171.02	0.00	0.00	215.43	171.02	0.00	171.02

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-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 M51 Missing / incomplete / invalid procedure code(s).

