

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: 2025-07-24
 EFT #: 25201B1000415646
 TAX ID #: 272620668

| REND PROV | SERV DATE | POS NOS | PROC | MODS | BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AMT | PROV PD |
|-------------------------------------|-------------|----------------|-----------------|------|--------|---------|--------------------|------------------|------------|--------------|
| NAME HEWITT, TRAC | | HIC 0025589091 | ACNT 7488LMD642 | | | | | ICN 455532042100 | ASG Y MOA | |
| 1306898036 | 0716 071625 | 1 99214 25 | | | 219.00 | 0.00 | 0.00 | 0.00 | CO-16 | 219.00 0.00 |
| | | | REM: N769 | | | | | | | |
| 1306898036 | 0716 071625 | 1 99401 25 | | | 65.00 | 24.50 | 0.00 | 0.00 | CO-45 | 40.50 24.50 |
| 1306898036 | 0716 071625 | 1 G0446 XU | | | 65.00 | 0.00 | 0.00 | 0.00 | CO-96 | 65.00 0.00 |
| | | | REM: N174 | | | | | | | |
| 1306898036 | 0716 071625 | 1 0513F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1306898036 | 0716 071625 | 1 G8420 | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1306898036 | 0716 071625 | 1 4004F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1306898036 | 0716 071625 | 1 3077F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1306898036 | 0716 071625 | 1 3080F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1306898036 | 0716 071625 | 1 3008F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1306898036 | 0716 071625 | 1 2001F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1306898036 | 0716 071625 | 1 2000F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1306898036 | 0716 071625 | 1 1000F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1306898036 | 0716 071625 | 1 1159F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1306898036 | 0716 071625 | 1 1160F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| PT RESP | 0.00 | | CLAIM TOTALS | | 349.00 | 24.50 | 0.00 | 0.00 | | 324.50 24.50 |
| ADJ TO TOTAL: PREV PD | | | INTEREST | | 0.00 | | | | | |
| STATUS CODE 1: Processed as Primary | | | | | | | LATE FILING CHARGE | | 0.00 | NET 24.50 |

| TOTALS: | # OF CLAIMS | BILLED AMT | ALLOWED AMT | DEDUCT AMT | COINS AMT | TOTAL RC-AMT | PROV PD AMT | PROV ADJ AMT | CHECK AMT |
|---------|-------------|------------|-------------|------------|-----------|--------------|-------------|--------------|-----------|
| | 1 | 349.00 | 24.50 | 0.00 | 0.00 | 324.50 | 24.50 | 0.00 | 24.50 |

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.
 CO-96 Non-covered charge(s).
 N174 This is not a covered service / procedure/ equipment / bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'.
 N769 A lateral diagnosis is required.

