

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: 2025-04-03
 EFT #: 25083B1000025538
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME LANNING, NATHAN		HIC 94707617700	ACNT	4561LMD642			ICN 434532201500	ASG Y	MOA	
1306898036	0203 020325	-1 99396			0.00	0.00	0.00	0.00		0.00
1306898036	0203 020325	-1 G0442 XU			-43.00	0.00	0.00	0.00	CO-16	-43.00
		REM: M51								
1306898036	0203 020325	-1 G0444 33			-91.00	0.00	0.00	0.00	CO-16	-91.00
		REM: M51								
1306898036	0203 020325	-1 G2211			-25.00	0.00	0.00	0.00	CO-97	-25.00
1306898036	0203 020325	-1 36415			0.00	0.00	0.00	0.00		0.00
1306898036	0203 020325	-1 3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0203 020325	-1 3079F			0.00	0.00	0.00	0.00		0.00
1306898036	0203 020325	-1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0203 020325	-1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS		-159.00	0.00	0.00	0.00		-159.00
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 22: Reversal of Previous Payment										

NAME LANNING, NATHAN		HIC 94707617700	ACNT	4561LMD642			ICN 435210136500	ASG Y	MOA	
1306898036	0203 020325	1 99396 25			0.00	0.00	0.00	0.00		0.00
1306898036	0203 020325	1 G2211			25.00	0.00	0.00	0.00	CO-97	25.00
1306898036	0203 020325	1 96127 XU			40.00	9.34	0.00	0.00	CO-45	30.66
1306898036	0203 020325	1 96127 XU			40.00	9.34	0.00	0.00	CO-45	30.66
1306898036	0203 020325	1 36415			0.00	0.00	0.00	0.00		0.00
1306898036	0203 020325	1 3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0203 020325	1 3079F			0.00	0.00	0.00	0.00		0.00
1306898036	0203 020325	1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0203 020325	1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS		105.00	18.68	0.00	0.00		86.32
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 18.68
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
	2	-54.00	18.68	0.00	0.00	-72.68	18.68	0.00	18.68

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-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
- M51 Missing / incomplete / invalid procedure code(s).

