TIMOTHY J TOBOLIC MD PLLC [900068405]

7740 BYRON CENTER AVE SW

BYRON CENTER, MI 49315

NPI #: 1982923660

PAGE #: 1 of 2

DATE: 2025-03-06

EFT #: 25061B1000422478

TAX ID #: 272620668

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REND PROV SERV DATE POS	NOS PROC MOI	os 	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AI	MT	PROV PD
NAME FLIPPIN, FLOYD	HIC 0039899040	ACNT	5009LMD64	2		4355308335	00 ASG	Y MOA	
1306898036 0226 022625	1 99214 25		219.00	82.43	0.00	0.00	CO-45	136.57	82.43
1306898036 0226 022625	1 36415		20.00	7.53	0.00	0.00	CO-45	12.47	7.53
1306898036 0226 022625	1 3077F 1 3079F 1 3008F 1 2001F 1 2000F 1 1000F 1 1159F 1 1160F		0.00	0.00	0.00	0.00			0.00
1306898036 0226 022625	1 3079F		0.00	0.00	0.00	0.00			0.00
1306898036 0226 022625 1306898036 0226 022625	1 3008F		0.00	0.00	0.00	0.00			0.00
1306898036 0226 022625	1 2001E		0.00 0.00	0.00	0.00	0.00			0.00
1306898036 0226 022625	1 10000		0.00	0.00	0.00	0.00			0.00
1306898036 0226 022625	1 1000F		0.00	0.00	0.00	0.00			0.00
1306898036 0226 022625	1 11595		0.00	0.00	0.00	0.00			0.00
PT RESP 0.00	CLAIM TOTALS	3	239.00	89.96	0.00	0.00		149.04	89.96
ADJ TO TOTAL: PREV PD		EREST	0.00			CHARGE	0.00	NET	89.96
STATUS CODE 1: Processed as									02120
	HIC 1084002022	ACNT	4939LMD64			4354378883			
1306898036 0224 022425	1 81025		21.00	7.13	0.00		CO-45	13.87	7.13
PT RESP 0.00	CLAIM TOTALS		21.00	7.13	0.00	0.00		13.87	7.13
ADJ TO TOTAL: PREV PD		EREST	0.00	LATE	FILING	CHARGE	0.00	NET	7.13
STATUS CODE 1: Processed as	; Primary								
NAME KWIATKOWSKI, KATELYN	HIC 1146658930	ACNT	4954LMD64	2	ICN 4	4354379069	00 ASG	Y MOA	
1306898036 0224 022425	1 99395 25		297.00	81.34	0.00	0.00	CO-45	215.66	81.34
1306898036 0224 022425	1 G0442 XU		30.00	0.00	0.00	0.00	CO-16	30.00	0.00
	REM:	M51							
1306898036 0224 022425	1 G0444 33		29.45	0.00	0.00	0.00	CO-16	29.45	0.00
	REM:	M51							
1306898036 0224 022425	1 90656 1 90471 1 3074F 1 3078F 1 G9622 1 1036F 1 G8431		35.00	22.35	0.00	0.00	CO-45	12.65	22.35
1306898036 0224 022425	1 90471		41.00	16.13	0.00		CO-45	24.87	16.13
1306898036 0224 022425	1 3074F		0.00	0.00	0.00	0.00			0.00
1306898036 0224 022425	1 3078F		0.00	0.00	0.00	0.00			0.00
1306898036 0224 022425	1 G9622		0.00	0.00	0.00	0.00			0.00
1306898036 0224 022425	1 1036F		0.00	0.00	0.00	0.00			0.00
1306898036 0224 022425	1 G8431		0.00	0.00	0.00	0.00			0.00
	<u> </u>	3	432.45	119.82	0.00	0.00		312.63	119.82
ADJ TO TOTAL: PREV PD	INTE	EREST	0.00	LATE	FILING	CHARGE	0.00	NET	119.82
STATUS CODE 1: Processed as	; Primary								
NAME NINK, NOAH	HIC 1175980175 1 99393 1 3074F	а <i>с</i> ит	5004LMD64	2	TCN	4355308329	00 ASG	Y MOA	
1306898036 0226 022625	1 99393			72.79	0.00		CO-45		72.79
1306898036 0226 022625	1 3074F		0.00	0.00	0.00	0.00	00 15	137.121	0.00
1306898036 0226 022625	1 3078F		0.00	0.00	0.00	0.00			0.00
1306898036 0226 022625	1 G8427		0.00	0.00	0.00	0.00			0.00
PT RESP 0.00	CLAIM TOTALS	3	270.00	72.79	0.00	0.00		197.21	72.79
ADJ TO TOTAL: PREV PD		EREST	0.00			CHARGE	0.00	NET	72.79
STATUS CODE 1: Processed as		111101	0.00		1 111110	CIMACO	0.00	1122	,21,,5
	<u>-</u>								
NAME FARMER, HADLEY	HIC 1160084197	ACNT				4354378841			
1013940584 1202 120224	1 99394		289.00	102.32	0.00	0.00	CO-45	186.68	102.32
PT RESP 0.00	CLAIM TOTALS	3	289.00	102.32	0.00	0.00		186.68	102.32
ADJ TO TOTAL: PREV PD	INTE	EREST	0.00	LATE	FILING	CHARGE	0.00	NET	102.32
STATUS CODE 1: Processed as	; Primary								
NAME FARMER, QUINTON	HIC 1160079052	א מיזייי	4784TMD64	2	T C'NT	4354378800	00 ASG	Y MOA	
1013940584 1202 120224	1 99394 1 3074F	ACNT	289.00		0.00		CO-45		102.32
1013940584 1202 120224	1 207/0		0.00	0.00	0.00	0.00	CO-45	100.00	0.00
	1 3074F 1 3078F		0.00	0.00	0.00	0.00			0.00
1013940584 1202 120224 PT RESP 0.00		,		102.32	0.00	0.00		106 60	102.32
ADJ TO TOTAL: PREV PD	CLAIM TOTALS	S EREST	289.00 0.00			CHARGE	0.00	186.68 NET	102.32
STATUS CODE 1: Processed as		ikeo I	0.00	TALE	FILLING	CHARGE	0.00	1417.1	102.32
DIATOD CODE 1. FIOCESSEC A	, rrimary								



PRIORITY HEALTH REMITTANCE

NPI #: 1982923660 EFT #: 25061B1000422478 TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 2 of 2 ADVICE DATE: 2025-03-06

REND PROV S	SERV DATE	POS	NOS	PROC	MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AL	мт	PROV PD
NAME HALEY,	BISHOP		HIC	10859	79193	ACNT	4951LMD64	42	ICN 4	3543790470	0 ASG	Y MOA	
1013940584 (25		99214			219.00	82.01	0.00	0.00	CO-45	136.99	82.01
1013940584 (1	G0444	33		29.45	0.00	0.00	0.00	CO-16	29.45	0.00
					REM: M	51							
1013940584 (0224 0224	25	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584 (3074F			0.00	0.00	0.00	0.00			0.00
1013940584 (3078F			0.00	0.00	0.00	0.00			0.00
1013940584				3008F			0.00	0.00	0.00	0.00			0.00
1013940584				2001F			0.00	0.00	0.00	0.00			0.00
1013940584				2000F			0.00	0.00	0.00	0.00			0.00
1013940584				1000F			0.00	0.00	0.00	0.00			0.00
1013940584				1159F			0.00	0.00	0.00	0.00			0.00
1013940584				1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		_		TOTALS		248.45	82.01	0.00	0.00		166.44	82.01
ADJ TO TOTAL		n		0211211	INTER	RST	0.00		FILING		0.00	NET	82.01
STATUS CODE			e Dri	marte	INIER	EDI	0.00	HAIL	FILLING	CHARGE	0.00	MEI	02.01
DIATOD CODE	1. FIOCE	sseu a	5 FI	illar y									
NAME MORTON	, AUSTIN		HIC	00082	57561	ACNT	4472LMD64	42		3423495240	0 ASG	Y MOA	
1013940584	0129 0129	25	-1	99215	25		-295.00	-156.18	0.00	0.00	CO-45	-138.82	-156.18
1013940584 (0129 0129	25	-1	83036	QW		-60.90	0.00	0.00	0.00	CO-16	-60.90	0.00
					REM: M	76							
1013940584 (0129 0129	25	-1	0513F			0.00	0.00	0.00	0.00			0.00
1013940584 (0129 0129	25	-1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584 (0129 0129	25	-1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584 (0129 0129	25	-1	3051F			0.00	0.00	0.00	0.00			0.00
1013940584 (0129 0129	25	-1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584 (0129 0129	25	-1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584 (0129 0129	25	-1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584 (0129 0129	25	-1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584 (0129 0129	25	-1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584 (2000F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				TOTALS		-355.90	-156.18	0.00	0.00		-199.72	-156.18
ADJ TO TOTAL	L: PREV PI	D		-	INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	-156.18
STATUS CODE	22: Rever	rsal o	f Pre	evious	Payment								
NAME MORTON				00082		ACNT	4472LMD6			3461776500			
1013940584 (99215			295.00	156.18	0.00	0.00	CO-45	138.82	156.18
1013940584 (83036	QW		60.90	8.04	0.00	0.00	CO-45	52.86	8.04
1013940584 (0513F			0.00	0.00	0.00	0.00			0.00
1013940584 (3079F			0.00	0.00	0.00	0.00			0.00
1013940584 (1036F			0.00	0.00	0.00	0.00			0.00
1013940584 (3051F			0.00	0.00	0.00	0.00			0.00
1013940584 (1160F			0.00	0.00	0.00	0.00			0.00
1013940584 (1159F			0.00	0.00	0.00	0.00			0.00
1013940584 (3008F			0.00	0.00	0.00	0.00			0.00
1013940584 (1000F			0.00	0.00	0.00	0.00			0.00
1013940584 (0129 0129	25	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584 (0129 0129	25	1	2000F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS		355.90	164.22	0.00	0.00		191.68	164.22
ADJ TO TOTAL	L: PREV P	D			INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	164.22
STATUS CODE	1: Proces	ssed a	s Pri	imary									
TOTAL C.	# 02	DITTE		3770	WED	משת	TIOM.	COTNC		DDOM D	<u> </u>	DDOM	OHEOV.
	# OF	BILLE	U	ALLO		DED AM		COINS AMT	TOTAL RC-AMT	PROV P		PROV	CHECK AMT
CI	LAIMS 9	1788.	۵۸	AM	1.39		0.00	0.00	1204.5			DJ AMT 0.00	584.39
	9	1/00·	90	56	4.37		0.00	0.00	1404.5	DI 304.	33	0.00	304.39

1788.90

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.

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

M51

M76

