

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: 2025-07-17
 EFT #: 25194B1000421132
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	SOTTOVIA, SARA		HIC 0088892571	ACNT	7321LMD642			ICN 455146007300	ASG Y	MOA	
1306898036	0708 070825	1	99214 25			219.00	82.43	0.00	0.00	CO-45	136.57 82.43
1306898036	0708 070825	1	G0447 XU			65.00	0.00	0.00	0.00	CO-16	65.00 0.00
			REM: MA63								
1306898036	0708 070825	1	99401 25			65.00	0.00	0.00	0.00	CO-16	65.00 0.00
			REM: MA63								
1306898036	0708 070825	1	3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0708 070825	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0708 070825	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0708 070825	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0708 070825	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0708 070825	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0708 070825	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0708 070825	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			349.00	82.43	0.00	0.00		266.57 82.43
ADJ TO TOTAL:	PREV PD		INTEREST			0.00		LATE FILING CHARGE		0.00	NET 82.43
STATUS CODE 1: Processed as Primary											

NAME	FARMER, GREY		HIC 1277941796	ACNT	7346LMD642			ICN 455146014800	ASG Y	MOA	
1013940584	0709 070925	1	99392			256.00	93.80	0.00	0.00	CO-45	162.20 93.80
PT RESP	0.00		CLAIM TOTALS			256.00	93.80	0.00	0.00		162.20 93.80
ADJ TO TOTAL:	PREV PD		INTEREST			0.00		LATE FILING CHARGE		0.00	NET 93.80
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	605.00	176.23	0.00	0.00	428.77	176.23	0.00	176.23

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.

MA63 Missing / incomplete / invalid principal diagnosis.

