

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: 2025-06-19
 EFT #: 25152B1000311336
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MENDEZ, HERIBERTO			HIC 94976725001	ACNT	5793LMD642			ICN 444792784300	ASG Y	MOA	
1306898036	0411	041125	1 99214	25		219.00	120.49	0.00	0.00	OA-23	115.71 100.49
										PR-3	2.80
1306898036	0411	041125	1 G2211			25.00	15.02	3.05	0.00	OA-23	21.95 0.00
1306898036	0411	041125	1 99401	25		60.00	52.09	0.00	0.00	OA-23	7.91 52.09
1306898036	0411	041125	1 G0446	XU		30.00	29.40	0.00	0.00	OA-23	24.15 5.85
1306898036	0411	041125	1 36415			20.00	0.00	0.00	0.00	CO-16	20.00 0.00
					REM: M76						
1306898036	0411	041125	1 90677			330.00	306.64	0.00	0.00	OA-23	330.00 0.00
1306898036	0411	041125	1 90471			37.68	28.36	0.00	0.00	OA-23	9.32 28.36
1306898036	0411	041125	1 82043	QW		14.70	5.66	0.00	0.00	OA-23	14.70 0.00
1306898036	0411	041125	1 82570	QW		17.85	5.08	0.00	0.00	OA-23	17.85 0.00
1306898036	0411	041125	1 1036F			0.00	0.00	0.00	0.00		0.00
PT RESP	5.85				CLAIM TOTALS	754.23	562.74	3.05	0.00		564.39 186.79
ADJ TO TOTAL: PREV PD					INTEREST	0.00		LATE FILING CHARGE		0.00	NET 186.79
STATUS CODE 2: Processed as Secondary											

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	754.23	562.74	3.05	0.00	564.39	186.79	0.00	186.79

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.

M76 Missing / incomplete / invalid diagnosis or condition.

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

PR-1 Deductible Amount

PR-3 Co-payment Amount

