

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: 2025-03-13
 NONPAY #: 25061B1000320883
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME GRAY, WENDY			HIC 94730830301	ACNT	4098LMD642			ICN 427154886900	ASG Y MOA	
1013940584	0113 011325	-1	99214		-219.00	0.00	0.00	0.00	CO-16	-219.00 0.00
			REM: MA63							
1013940584	0113 011325	-1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0113 011325	-1	73610 RT		-74.80	-59.34	-59.34	0.00	CO-45	-15.46 0.00
PT RESP	0.00		CLAIM TOTALS		-293.80	-59.34	-59.34	0.00		-234.46 0.00
ADJ TO TOTAL: PREV PD					0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 22: Reversal of Previous Payment										

NAME GRAY, WENDY			HIC 94730830301	ACNT	4098LMD642			ICN 434190875200	ASG Y MOA	
1013940584	0113 011325	1	99214 25		219.00	144.12	144.12	0.00	CO-45	74.88 0.00
1013940584	0113 011325	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0113 011325	1	73610 RT		74.80	59.34	59.34	0.00	CO-45	15.46 0.00
PT RESP	203.46		CLAIM TOTALS		293.80	203.46	203.46	0.00		90.34 0.00
ADJ TO TOTAL: PREV PD					0.00		LATE FILING CHARGE		0.00	NET 0.00
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	0.00	144.12	144.12	0.00	-144.12	0.00	0.00	0.00

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.
 PR-1 Deductible Amount

