

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: 2025-03-20
 NONPAY #: 25068B1000348597
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SCOTT, ARTORIUS			HIC 94871770103	ACNT 5060LMD642	ICN 435769268400			ASG Y	MOA		
1013940584	0225	022525	1	99213		146.00	107.30	107.30	0.00	CO-45	38.70 0.00
1013940584	0225	022525	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	107.30	CLAIM TOTALS				146.00	107.30	107.30	0.00		38.70 0.00
ADJ TO TOTAL: PREV PD						INTEREST	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
	1	146.00	107.30	107.30	0.00	38.70	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-1 Deductible Amount

