

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 2
DATE: 2025-03-13
EFT #: 25068B1000467940
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	TUREK, JAMES			HIC	80030624300	ACNT	5049LMD642				ICN 435769267100	ASG Y	MOA	
1306898036	0228	022825		1	99214			219.00	120.84	0.00	0.00	CO-45	98.16	118.42
												CO-253	2.42	
1306898036	0228	022825		1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0228	022825		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0228	022825		1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0228	022825		1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0228	022825		1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0228	022825		1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0228	022825		1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0228	022825		1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0228	022825		1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0228	022825		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			219.00	120.84	0.00	0.00		100.58	118.42
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	118.42
STATUS CODE 1: Processed as Primary														

NAME	MACKEY, TONYA			HIC	80026151300	ACNT	2895LMD642				ICN 417516293000	ASG Y	MOA	
1013940584	1031	103124		-1	99214 25			-219.00	0.00	0.00	0.00	CO-252	-219.00	0.00
					REM: M29									
1013940584	1031	103124		-1	G2211			-25.00	0.00	0.00	0.00	CO-252	-25.00	0.00
					REM: M29									
1013940584	1031	103124		-1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1031	103124		-1	90656			-35.00	0.00	0.00	0.00	CO-252	-35.00	0.00
					REM: M29									
1013940584	1031	103124		-1	90471			-41.00	0.00	0.00	0.00	CO-252	-41.00	0.00
					REM: M29									
1013940584	1031	103124		-1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	1031	103124		-1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	1031	103124		-1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	1031	103124		-1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	1031	103124		-1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	1031	103124		-1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	1031	103124		-1	2001F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			-320.00	0.00	0.00	0.00		-320.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 22: Reversal of Previous Payment														

NAME	MACKEY, TONYA			HIC	80026151300	ACNT	2895LMD642				ICN 417516293001	ASG Y	MOA	
1013940584	1031	103124		1	99214 25			219.00	123.66	0.00	0.00	CO-45	95.34	121.19
												CO-253	2.47	
1013940584	1031	103124		1	G2211			25.00	16.01	0.00	0.00	CO-45	8.99	15.69
												CO-253	0.32	
1013940584	1031	103124		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1031	103124		1	90656			35.00	0.00	0.00	0.00	CO-4	35.00	0.00
1013940584	1031	103124		1	90471			41.00	0.00	0.00	0.00	CO-97	41.00	0.00
1013940584	1031	103124		1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	1031	103124		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	1031	103124		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	1031	103124		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	1031	103124		1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	1031	103124		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	1031	103124		1	2001F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			320.00	139.67	0.00	0.00		183.12	136.88
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	136.88
STATUS CODE 1: Processed as Primary														

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	219.00	260.51	0.00	0.00	-36.30	255.30	0.00	255.30

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-252 An attachment / other documentation is required to adjudicate this claim / service. Check Remittance



PRIORITY HEALTH

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CO-253 Sequestration - reduction in federal spending
CO-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
M29 Missing operative note / report.

