

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: 2025-07-31
 EFT #: 25201B1000343333
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KOTMAN, BETHANY			HIC 94976597900	ACNT 6689LMD642		ICN 446459609200	ASG Y	MOA			
1013940584	0529	052925	-1 99214			-219.00	0.00	0.00	0.00	CO-16	-219.00 0.00
REM: N769											
1013940584	0529	052925	-1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	-1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	-1 1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	-1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	-1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	-1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	-1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	-1 2010F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			-219.00	0.00	0.00	0.00		-219.00 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 KOTMAN, BETHANY			HIC 94976597900	ACNT 6689LMD642		ICN 447563203100	ASG Y	MOA			
1013940584	0529	052925	1 99214			219.00	152.63	0.00	0.00	CO-45 PR-3	66.37 20.00 132.63
1013940584	0529	052925	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	1 1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	1 2010F			0.00	0.00	0.00	0.00		0.00
PT RESP	20.00		CLAIM TOTALS			219.00	152.63	0.00	0.00		86.37 132.63
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	132.63
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	152.63	0.00	0.00	-132.63	132.63	0.00	132.63

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.
 N769 A lateral diagnosis is required.
 PR-3 Co-payment Amount

