

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: 2025-07-10
 EFT #: 25180B1000343199
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME LANNING, NATHAN			HIC 94707617700	ACNT 7089LMD642				ICN 454214254800	ASG Y	MOA	
1306898036	0620	062025	1 99213			146.00	108.22	0.00	0.00	CO-45	83.22
										PR-3	25.00
										CO-45	4.78
1306898036	0620	062025	1 36415			20.00	15.22	0.00	0.00		15.22
1306898036	0620	062025	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0620	062025	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0620	062025	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0620	062025	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0620	062025	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0620	062025	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0620	062025	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0620	062025	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	25.00			CLAIM TOTALS		166.00	123.44	0.00	0.00		67.56
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	98.44
STATUS CODE 1: Processed as Primary										NET	

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	166.00	123.44	0.00	0.00	67.56	98.44	0.00	98.44

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-3 Co-payment Amount

