PRIORITY HEALTH [] 1231 E. BELTLINE NE GRAND RAPIDS, MI 49525 (000)000-0000

TIMOTHY J TOBOLIC MD PLLC [900068405]

7740 BYRON CENTER AVE SW

BYRON CENTER, MI 49315

NPI #: 1982923660 PAGE #: 1 of 1 DATE: 2025-08-07

EFT #: 25208B1000337048 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PD
NAME THUL	L, GREGORY	HI	C 94797	962800	ACNT	6716LMD64	12	ICN 44	653523560	00 ASG	Y MOA	
130689803	36 0602 060225	i -1	99203	25		-218.00	0.00	0.00	0.00	CO-16	-218.00	0.00
				REM: M	76							
130689803	36 0602 060225	i -1	36415			-20.00	0.00	0.00	0.00	CO-16	-20.00	0.00
				REM: M	76							
130689803	36 0602 060225	-1	81003			-33.60	0.00	0.00	0.00	CO-16	-33.60	0.00
				REM: M	76							
130689803	36 0602 060225	-1	G8420			0.00	0.00	0.00	0.00			0.00
130689803	36 0602 060225	-1	3074F			0.00	0.00	0.00	0.00			0.00
130689803	36 0602 060225	-1	3078F			0.00	0.00	0.00	0.00			0.00
130689803	36 0602 060225	-1	3008F			0.00	0.00	0.00	0.00			0.00
130689803	36 0602 060225	i -1	2001F			0.00	0.00	0.00	0.00			0.00
130689803	36 0602 060225	i -1	2000F			0.00	0.00	0.00	0.00			0.00
130689803	36 0602 060225	i -1	1000F			0.00	0.00	0.00	0.00			0.00
130689803	36 0602 060225	i -1	1159F			0.00	0.00	0.00	0.00			0.00
130689803	36 0602 060225	i -1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM	TOTALS		-271.60	0.00	0.00	0.00		-271.60	0.00
ADJ TO TO	TAL: PREV PD			INTER	EST	0.00	LATE	FILING C	HARGE	0.00	NET	0.00
STATUS CO	DE 22: Revers	al of Pr	evious	Payment								
NAME THIII	L, GREGORY	нт	C 94797	962800	асит	6716LMD64	12	TCN 45	427696980	00 ASG	Y MOA	
	36 0602 060225		99203		110111	218.00	0.00	0.00	0.00	CO-16	218.00	0.00
	0002 00022	_	33203	REM: M	76	220.00	0.00	0.00	0.00	00 10	220.00	0.00
130689803	36 0602 060225	. 1	36415		•	20.00	15.22	0.00	0.00	CO-45	4.78	15.22
	36 0602 060225		81003			33.60	2.47	0.00	0.00	CO-45	31.13	2.47
	36 0602 060225		G8420			0.00	0.00	0.00	0.00	00 10	0-1-0	0.00
	36 0602 060225		3074F			0.00	0.00	0.00	0.00			0.00
	36 0602 060225		3078F			0.00	0.00	0.00	0.00			0.00
	36 0602 060225		3008F			0.00	0.00	0.00	0.00			0.00
	36 0602 060225		2001F			0.00	0.00	0.00	0.00			0.00
	36 0602 060225		2000F			0.00	0.00	0.00	0.00			0.00
	36 0602 060225		1000F			0.00	0.00	0.00	0.00			0.00
	36 0602 060225		1159F			0.00	0.00	0.00	0.00			0.00
	36 0602 060225		1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00	_		TOTALS		271.60	17.69	0.00	0.00		253.91	17.69
ADJ TO TOTAL: PREV PD			0211211	INTER	EST	0.00		FILING C		0.00	NET	17.69
	DE 1: Process	ed as Pr	imary			0.00		1111110 0		0.00		17.05
	# 05 5	TTTED	37.70	NATED .	DED	T.C.	COTNG	попат	DDOI I		PDOM	
TOTALS:		BILLED AMT	ALLO		DED AM		COINS	TOTAL	PROV I		PROV DJ AMT	CHECK
	CLAIMS		AM 1			=		RC-AMT	AMT		-	AMT
	2	0.00	1	7.69		0.00	0.00	-17.69	17.	.09	0.00	17.69

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.

Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement. Missing / incomplete / invalid diagnosis or condition. CO-45 M76

