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 5

DATE: 2025-07-31

EFT #: 25208B1000094343

TAX ID #: 272620668

REND PROV S	SERV DATE	POS	NOS	PROC	MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	т	PROV PD
NAME DOANE,	DEBBIE		нтс	94805	320400	ACNT	7614LMD64	.2	TCN 4	4559224018	00 ASG	Y MOA	
1306898036 0				99214	320100	110111	219.00	152.63	0.00	0.00	CO-45	66.37	152.63
1306898036 0				G8420			0.00	0.00	0.00	0.00	00 15	00.57	0.00
1306898036 0				3074F			0.00	0.00	0.00	0.00			0.00
1306898036 0				3078F			0.00	0.00	0.00	0.00			0.00
1306898036 0				1036F			0.00	0.00	0.00	0.00			0.00
1306898036 0				3008F			0.00	0.00	0.00	0.00			0.00
1306898036 0				2001F			0.00	0.00	0.00	0.00			0.00
1306898036 0				2001F			0.00	0.00	0.00	0.00			0.00
1306898036 0				1000F			0.00	0.00	0.00	0.00			0.00
1306898036 0				1159F			0.00	0.00	0.00	0.00			0.00
1306898036 0				1160F	momat d		0.00	0.00	0.00	0.00		66 37	0.00
PT RESP	0.00			CLAIM		nam.	219.00	152.63	0.00	0.00	0 00	66.37	152.63
ADJ TO TOTAL		A T 1077	EMD	ann.	INTER	EST	0.00	LATE	E FILING	CHARGE	0.00	NET	152.63
PLAN TYPE: C													
STATUS CODE	1: Process	ed as	s Pri	mary									
NAME GREINER				94903		ACNT	7611LMD64			4559224013			
1306898036 0	0723 072325		1	99214	25		219.00	152.63	0.00	0.00	CO-45	66.37	127.63
			_								PR-3	25.00	
1306898036 0				G2211			25.00	0.00	0.00	0.00	CO-97	25.00	0.00
1306898036 0				G0446	XU		65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1306898036 0				3074F			0.00	0.00	0.00	0.00			0.00
1306898036 0				3078F			0.00	0.00	0.00	0.00			0.00
1306898036 0				G8476			0.00	0.00	0.00	0.00			0.00
1306898036 0				1036F			0.00	0.00	0.00	0.00			0.00
1306898036 0				3008F			0.00	0.00	0.00	0.00			0.00
1306898036 0				2001F			0.00	0.00	0.00	0.00			0.00
1306898036 0				2000F			0.00	0.00	0.00	0.00			0.00
1306898036 0				1000F			0.00	0.00	0.00	0.00			0.00
1306898036 0				1159F			0.00	0.00	0.00	0.00			0.00
1306898036 0				1160F			0.00	0.00	0.00	0.00			0.00
1306898036 0				3008F			0.00	0.00	0.00	0.00			0.00
1306898036 0	0723 072325		1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036 0	0723 072325		1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036 0	0723 072325		1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036 0	0723 072325		1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036 0	0723 072325		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	25.00			CLAIM	TOTALS		309.00	183.89	0.00	0.00		150.11	158.89
ADJ TO TOTAL	L: PREV PD				INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	158.89
STATUS CODE	1: Process	ed as	s Pri	mary									
NAME MAAT, D	DIANNA		HIC	94900	979801	ACNT	7619LMD64	:2	ICN 4	4559223973	00 ASG	Y MOA	
1306898036 0				99214			219.00	0.00	0.00	0.00	CO-16	219.00	0.00
			_		REM: N'	769							
1306898036 0	0723 072325		1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036 0				3075F			0.00	0.00	0.00	0.00			0.00
1306898036 0				3078F			0.00	0.00	0.00	0.00			0.00
1306898036 0				3008F			0.00	0.00	0.00	0.00			0.00
1306898036 0				2001F			0.00	0.00	0.00	0.00			0.00
1306898036 0				2000F			0.00	0.00	0.00	0.00			0.00
1306898036 0				1000F			0.00	0.00	0.00	0.00			0.00
1306898036 0				1159F			0.00	0.00	0.00	0.00			0.00
1306898036 0				1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		_		TOTALS		219.00	0.00	0.00	0.00		219.00	0.00
ADJ TO TOTAL				CHATH	INTER	rst.	0.00		FILING		0.00	NET	0.00
STATUS CODE		ad a	pr:	marı	THIER	201	0.00	THIE	- LIUING	CHARGE	0.00	1412.1	0.00
SIMIOS CODE	1. 1100655	cu di		-mar y									



PRIORITY HEALTH REMITTANCE

NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC [900068405] ADVICE EFT #: 25208B1000094343 PAGE #: 2 of 5 DATE: 2025-07-31

REND PROV	SERV DATE	POS NOS	PRO	C MODS	;	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AI	ďΤ	PROV PD
NAME RUTTO,	JEPCHIRCHIE	R HI	C 9499	0257402	ACNT	6963LMD642	2	ICN	4475632056	00 ASG	Y MOA	
INSURED NAME												
1306898036 (	0613 061325	1	99392		126	256.00	0.00	0.00	0.00	CO-22	256.00	0.00
1306898036 (	1613 061325	1	G0136	REM: N	136	34.80	0.00	0.00	0.00	CO-22	34.80	0.00
1300030030	0015 001525	_	G0150	REM: N	136	31.00	0.00	0.00	0.00	CO 22	31.00	0.00
1306898036 (	0613 061325	1	G8476			0.00	0.00	0.00	0.00			0.00
1306898036 (	0613 061325	1	G8420			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM	TOTALS		290.80	0.00	0.00	0.00		290.80	0.00
ADJ TO TOTAL				INTER	REST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
PLAN TYPE: (												
STATUS CODE	1: Processe	ed as Pr	ımary									
NAME SHOEMAN	KER, KYLE	HT	C 9471	3560901	ACNT	7621LMD642	5	TCN	4559223984	00 ASG	Y MOA	
1306898036 (			99213			146.00	108.22	0.00	0.00	CO-45	37.78	58.22
										PR-3	50.00	
1306898036 (			3074F			0.00	0.00	0.00	0.00			0.00
1306898036 (			3078F			0.00	0.00	0.00	0.00			0.00
1306898036 (			3008F			0.00	0.00	0.00	0.00			0.00
1306898036 (			2001F			0.00	0.00	0.00	0.00			0.00
1306898036 (			2000F			0.00	0.00	0.00	0.00			0.00
1306898036 ( 1306898036 (			1000F 1159F			0.00 0.00	0.00	0.00	0.00			0.00
1306898036 (			1159F 1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	50.00			TOTALS		146.00	108.22	0.00	0.00		87.78	58.22
ADJ TO TOTAL			<b>0</b>	INTER	EST	0.00		FILING		0.00	NET	58.22
PLAN TYPE: (	COREWELL HEA	ALTH EMP	GRP									
STATUS CODE	1: Processe	ed as Pr	imary									
NAME CHAFFIN				3220401	ACNT	7576LMD642			4558613839			150 63
1013940584 (			99214	25		219.00	152.63	0.00	0.00	CO-45	66.37 4.78	152.63
1013940584 ( 1013940584 (			36415 3074F			20.00 0.00	15.22 0.00	0.00	0.00	CO-45	4./8	15.22 0.00
1013940584 (			3074F			0.00	0.00	0.00	0.00			0.00
1013940584			1036F			0.00	0.00	0.00	0.00			0.00
1013940584 (			3008F			0.00	0.00	0.00	0.00			0.00
1013940584 (	0721 072125	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584 (	0721 072125	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584 (			1000F			0.00	0.00	0.00	0.00			0.00
1013940584 (			1159F			0.00	0.00	0.00	0.00			0.00
1013940584 (		1	1160F	moma		0.00	0.00	0.00	0.00		P1 1F	0.00
PT RESP ADJ TO TOTAI	0.00		CLAIM	TOTALS INTER	DECT.	239.00 0.00	167.85	0.00 FILING	0.00	0.00	71.15 NET	167.85 167.85
PLAN TYPE: (		TH WMI N	TWK	1141111	шот	0.00	LAIL	TIDING	CIMMOD	0.00	1421	107.03
STATUS CODE												
NAME CHAFFIN				3220401	ACNT	7605LMD642			4559223989			
1013940584 (		1	85610	<b>#0#17</b>		21.00	4.59	0.00	0.00	CO-45	16.41	4.59
PT RESP ADJ TO TOTAI	0.00		CLAIM	TOTALS INTER	TP CTT	21.00 0.00	4.59	0.00 FILING	0.00	0.00	16.41 NET	4.59 4.59
PLAN TYPE: (		וא דאת אי	TWK	TMIER	ESI	0.00	LAIE	FILLING	CHARGE	0.00	NEI	4.59
STATUS CODE												
NAME CHAFFIN	N, WILLIAM	HI	C 9495	3220401	ACNT	7606LMD642	2			00 ASG		
1013940584 (	1505 050525	1	82610			21.00	4.59			CO-45		4.59
PT RESP			CLAIM	TOTALS		21.00	4.59	0.00			16.41	
ADJ TO TOTAL PLAN TYPE: (			TTLTTZ	INTER	ŒST	0.00	LATE	FILING	CHARGE	0.00	NET	4.59
STATUS CODE												
SIAIOS CODE	1. FIOCESSE	su as FI	Imai y									
NAME CHAFFIN	N, WILLIAM	HI	C 9495	3220401	ACNT	7607LMD642	2	ICN	4559223999	00 ASG	Y MOA	
1013940584 (						21 00	4 59	0 00	0 00	CO-45		4.59
	0.00		CLAIM	TOTALS		21.00	4.59	0.00	0.00		16.41	
ADJ TO TOTAL				INTER	REST	0.00	LATE	FILING	CHARGE	0.00	NET	4.59
PLAN TYPE: (												
STATUS CODE	1: Processe	ed as Pr	ımary									
NAME CUVEEL	U WTT.T.TAM		C 040F	3220401	ΔCNT	7608T.MD643	<b></b>	TCN	4559224002	00 ASG	V M∩2	
NAME CHAFFIN 1013940584 (	0626 062625	п1 1	85610	JZZU#UI	ACNT	21.00	4.59			CO-45		
PT RESP			CITATM	TOTAT.S		21.00	4.59	0.00	0.00	CO 43	16.41	4.59
ADJ TO TOTAL			J	INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	
PLAN TYPE: (									<b>-</b>			
STATUS CODE	1. Process	d ac Dr	imarı									

STATUS CODE 1: Processed as Primary



PRIORITY HEALTH REMITTANCE

NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC [900068405] ADVICE EFT #: 25208B1000094343 PAGE #: 3 of 5 DATE: 2025-07-31

REND PROV	SERV DATE	POS	NOS	PRO	C MOD	3	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	ďΤ	PROV PD
NAME DEWEL	ERD, RONALD		нтс 9	491	2016400	<b>ACNT</b>	7527LMD642	2	TCN	4558107232	00 ASG	Y MOA	
	1 0718 071825	:	1 98			HONI	46.82	0.00	0.00	0.00	CO-96	46.82	0.00
1013340304	0/10 0/1023	,	1 30	<i>301</i>	REM: 1	7//0	40.02	0.00	0.00	0.00	CO-30	40.02	0.00
PT RESP	0.00		CT	л т.м	TOTALS	N==0	46.82	0.00	0.00	0.00		46.82	0.00
			CL	AIM		- TIGH					0 00		
	TAL: PREV PD	marmo c			INTE	REST	0.00	LATE	FILLING	CHARGE	0.00	NET	0.00
	WEST MI PAR												
STATUS COL	DE 1: Process	ed as	Prima	ry									
MAME DADGO	ONS, MARJORIE		שדכ ס	471	0466200	A CNT	7601LMD642	2	TCN	4558613866	00 ASG	Y MOA	
	NS, MAROURIE 1 0722 072225		1 99			ACNI	219.00	152.63	0.00	0.00	CO-45	66.37	117.63
1013340304	0/22 0/2223	,	1 99	2 T T	25		219.00	132.03	0.00	0.00	PR-3	35.00	117.03
1012040504	. 0722 07222		1 00	,,,	3277		65.00	21 26	0 00	0 00			21 26
	1 0722 072225		1 G0					31.26	0.00	0.00	CO-45	33.74	31.26
	1 0722 072225		1 30				0.00	0.00	0.00	0.00			0.00
	0722 072225		1 30				0.00	0.00	0.00	0.00			0.00
	1 0722 072225		1 G8				0.00	0.00	0.00	0.00			0.00
	l 0722 072225		1 G8				0.00	0.00	0.00	0.00			0.00
1013940584	0722 072225	;	1 30	08F			0.00	0.00	0.00	0.00			0.00
1013940584	1 0722 072225	i	1 20	01F			0.00	0.00	0.00	0.00			0.00
1013940584	0722 072225	i	1 20	00F			0.00	0.00	0.00	0.00			0.00
1013940584	0722 072225	;	1 10	00F			0.00	0.00	0.00	0.00			0.00
	0722 072225		1 11				0.00	0.00	0.00	0.00			0.00
	0722 072225		1 11				0.00	0.00	0.00	0.00			0.00
PT RESP	35.00	,					284.00	183.89	0.00	0.00		135.11	148.89
			CL	AIM	TOTALS								
	TAL: PREV PD				INTE	REST	0.00	LATE	FILING	CHARGE	0.00	NET	148.89
	COREWELL HE												
STATUS COL	DE 1: Process	ed as	: Prima	ry									
NAME SANTI					4958303	ACNT	7590LMD642			4558613854			
	1 0722 072225		1 99				289.00	158.52	0.00	0.00	CO-45	130.48	158.52
1013940584	1 0722 072225	i	1 G0	136	33		65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1013940584	0722 072225	i	1 99	401	25		65.00	0.00	0.00	0.00	CO-97	65.00	0.00
					REM: 1	N119							
1013940584	1 0722 072225	;	1 90	619			347.00	195.90	0.00	0.00	CO-45	151.10	195.90
1013940584	0722 072225	i	1 90	620			320.00	270.18	0.00	0.00	CO-45	49.82	270.18
1013940584	0722 072225	;	2 90	460			82.00	56.71	0.00	0.00	CO-45	25.29	56.71
	0722 072225		1 30				0.00	0.00	0.00	0.00	00 10		0.00
	0722 072225		1 30				0.00	0.00	0.00	0.00			0.00
	0722 072225		1 G8				0.00	0.00	0.00	0.00			0.00
	0722 072225 0722 072225		1 G8					0.00	0.00	0.00			
							0.00						0.00
	1 0722 072225	•	1 G8				0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CL	AIM	TOTALS		1168.00	708.41	0.00	0.00		459.59	708.41
	TAL: PREV PD				INTE	REST	0.00	LATE	FILING	CHARGE	0.00	NET	708.41
STATUS COL	DE 1: Process	ed as	Prima	ry									
	AGO, MICHELI					ACNT	7596LMD642			4558613857			
	1 0722 072225		1 99				146.00	108.22	108.22	0.00	CO-45	37.78	0.00
1013940584	0722 072225	i	1 G8	476			0.00	0.00	0.00	0.00			0.00
1013940584	1 0722 072225	;	1 G8	420			0.00	0.00	0.00	0.00			0.00
	0722 072225		1 G8				0.00	0.00	0.00	0.00			0.00
	0722 072225		1 30				0.00	0.00	0.00	0.00			0.00
	0722 072225		1 30				0.00	0.00	0.00	0.00			0.00
	0722 072225		1 30				0.00	0.00	0.00	0.00			0.00
	0722 072225 0722 072225		1 20					0.00	0.00				0.00
							0.00			0.00			
	1 0722 072225		1 20				0.00	0.00	0.00	0.00			0.00
	1 0722 072225		1 10				0.00	0.00	0.00	0.00			0.00
	1 0722 072225		1 11				0.00	0.00	0.00	0.00			0.00
1013940584	0722 072225	;	1 11	60F			0.00	0.00	0.00	0.00			0.00
PT RESP	108.22		CL	AIM	TOTALS		146.00	108.22	108.22	0.00		37.78	0.00
	TAL: PREV PD				INTE		0.00		FILING		0.00	NET	0.00
	E 1: Process	ed as	Prima	ry									
				-									



PRIORITY HEALTH REMITTANCE

NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC [900068405] ADVICE EFT #: 25208B1000094343 PAGE #: 4 of 5 DATE: 2025-07-31

25200010000	71313 IAGE	π. 1 01 3					DAIL.	2025 07 51
REND PROV SERV DATE PO	S NOS PROC MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PD
NAME SANTIAGO, RYAN	HIC 95004958302				4558107278			
1013940584 0722 072225	1 99395 25	297.00	162.24	0.00	0.00	CO-45	134.76	162.24
1013940584 0722 072225	1 G0136 33	65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1013940584 0722 072225	1 G0442 XU	30.00	0.00	0.00	0.00	CO-16	30.00	0.00
	REM: M							
1013940584 0722 072225	1 G0444 XU	29.45	0.00	0.00	0.00	CO-16	29.45	0.00
	REM: M							
1013940584 0722 072225	1 3074F	0.00	0.00	0.00	0.00			0.00
1013940584 0722 072225	1 3078F	0.00	0.00	0.00	0.00			0.00
1013940584 0722 072225	1 1036F	0.00	0.00	0.00	0.00			0.00
1013940584 0722 072225	1 G8510	0.00	0.00	0.00	0.00			0.00
1013940584 0722 072225	1 G8476	0.00	0.00	0.00	0.00			0.00
1013940584 0722 072225	1 G9622	0.00	0.00	0.00	0.00		000 11	0.00
PT RESP 0.00	CLAIM TOTALS	421.45	189.34	0.00	0.00	0 00	232.11	189.34
ADJ TO TOTAL: PREV PD	INTER	EST 0.00	LATE	FILING	CHARGE	0.00	NET	189.34
STATUS CODE 1: Processed	as Primary							
NAME SLACHTER, STEVEN	HIC 94817037400	ACNT 1768LMD6	42	TCN 4	4362132236	00 ASG	Y MOA	
1013940584 0819 081924	-1 99395 25	0.00	0.00	0.00	0.00		on	0.00
1013940584 0819 081924	-1 36415	-15.00	-13.98	0.00	0.00	CO-45	-1.02	
1013940584 0819 081924	-1 96127 XU	-40.00	-9.34	0.00	0.00	CO-45	-30.66	-9.34
1013940584 0819 081924	-1 96127 XU	-40.00	-9.34	0.00	0.00	CO-45	-30.66	-9.34
1013940584 0819 081924	-1 1159F	0.00	0.00	0.00	0.00			0.00
1013940584 0819 081924	-1 2001F	0.00	0.00	0.00	0.00			0.00
1013940584 0819 081924	-1 1160F	0.00	0.00	0.00	0.00			0.00
1013940584 0819 081924	-1 3074F	0.00	0.00	0.00	0.00			0.00
1013940584 0819 081924	-1 3008F	0.00	0.00	0.00	0.00			0.00
1013940584 0819 081924	-1 2000F	0.00	0.00	0.00	0.00			0.00
PT RESP 0.00	CLAIM TOTALS	-95.00	-32.66	0.00	0.00		-62.34	
ADJ TO TOTAL: PREV PD	INTER			FILING		0.00	NET	-32.66
STATUS CODE 22: Reversal	of Previous Payment	:						
	TTG 0401E03E400	1 COT	40		4453055000	200 200		
NAME SLACHTER, STEVEN 1013940584 0819 081924	HIC 94817037400 -1 99214 25	ACNT 1768LMD6	-138.62	0.00	4453055228	00 ASG CO-45	Y MOA -108.70	
1013940584 0819 081924	-1 99214 25	-247.32	-138.62	0.00	0.00			-108.62
1012040504 0010 001004	1 26415	15.00	0.00	0 00	0.00	PR-3	-30.00	0.00
1013940584 0819 081924	-1 36415	-15.00	0.00	0.00	0.00	OA-18	-15.00	0.00
1013940584 0819 081924	-1 96127 XU	-40.00	0.00	0.00	0.00	OA-18	-40.00	0.00
1013940584 0819 081924 1013940584 0819 081924	-1 96127 XU -1 1159F	-40.00 0.00	0.00 0.00	0.00	0.00	OA-18	-40.00	0.00
1013940584 0819 081924	-1 1159F -1 2001F	0.00	0.00	0.00	0.00			0.00
1013940584 0819 081924	-1 2001F -1 1160F	0.00	0.00	0.00	0.00			0.00
1013940584 0819 081924	-1 1160F -1 3074F	0.00	0.00	0.00	0.00			0.00
1013940584 0819 081924	-1 3074F -1 3008F	0.00	0.00	0.00	0.00			0.00
1013940584 0819 081924	-1 2000F	0.00	0.00	0.00	0.00			0.00
PT RESP 0.00	CLAIM TOTALS	-342.32		0.00	0.00		-233.70	-108.62
ADJ TO TOTAL: PREV PD	INTER			FILING		0.00	NET	-108.62
STATUS CODE 22: Reversal			LAIE	FILLING	CHARGE	0.00	NEI	-100.02
Dillion Cont II. Neverbur	or record raymene	'						
NAME SLACHTER, STEVEN	HIC 94817037400	ACNT 1768LMD6	42	ICN 4	4474467675	00 ASG	Y MOA	
1013940584 0819 081924	1 99214 25	247.32	138.62	0.00	0.00	CO-45	108.70	108.62
						PR-3	30.00	
1013940584 0819 081924	1 36415	15.00	13.98	0.00	0.00	CO-45	1.02	13.98
1013940584 0819 081924	1 96127 XU	40.00	9.34	0.00	0.00	CO-45	30.66	9.34
1013940584 0819 081924	1 96127 XU	40.00	9.34	0.00	0.00	CO-45	30.66	9.34
1013940584 0819 081924	1 1159F	0.00	0.00	0.00	0.00			0.00
1013940584 0819 081924	1 2001F	0.00	0.00	0.00	0.00			0.00
1013940584 0819 081924	1 1160F	0.00	0.00	0.00	0.00			0.00
1013940584 0819 081924	1 3074F	0.00	0.00	0.00	0.00			0.00
1013940584 0819 081924	1 3008F	0.00	0.00	0.00	0.00			0.00
1013940584 0819 081924	1 2000F	0.00	0.00	0.00	0.00			0.00
PT RESP 30.00	CLAIM TOTALS	342.32	171.28	0.00	0.00		201.04	
ADJ TO TOTAL: PREV PD	INTER			FILING		0.00	NET	141.28
STATUS CODE 1: Processed								
NAME CHANTEY CAMPA	HTG 05000007700	ACME 75071350	42	T (2) T	4EE6103650	00 366	V 1603	
NAME STANLEY, SANDRA	HIC 95002867700				4556123659			0.00
1013940584 0623 062325	1 93000	71.00	21.45	21.45		CO-45	49.55	0.00
PT RESP 21.45	CLAIM TOTALS	71.00	21.45	21.45		0.00	49.55	0.00
ADJ TO TOTAL: PREV PD	INTER	EST 0.00	LATE	. RILLING	CHARGE	0.00	NET	0.00
PLAN TYPE: MY PRIORITY HM								
STATUS CODE 1: Processed	as riimaiy							



PRIORITY HEALTH REMITTANCE

NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC [900068405] EFT #: 25208B1000094343 PAGE #: 5 of 5 ADVICE DATE: 2025-07-31

NAME VANLA	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	ſT	PROV PD
	AAR, MARY	HIC	94979538	8300 AC	NT 7604LMD64	12	ICN 45	58613873	00 ASG	Y MOA	
INSURED N	AME: VAN LAA	R, MARY									
1013940584	4 0722 07222	5 1	99214 25		219.00	152.63	152.63	0.00	CO-45	66.37	0.00
	4 0722 07222		36415		20.00	15.22	15.22	0.00	CO-45	4.78	0.00
	4 0722 07222		3074F		0.00	0.00	0.00	0.00			0.00
1013940584	4 0722 07222	5 1	3078F		0.00	0.00	0.00	0.00			0.00
	4 0722 07222		G8476		0.00	0.00	0.00	0.00			0.00
	4 0722 07222		3008F		0.00	0.00	0.00	0.00			0.00
	4 0722 07222		2001F		0.00	0.00	0.00	0.00			0.00
1013940584	4 0722 07222	5 1	2000F		0.00	0.00	0.00	0.00			0.00
1013940584	4 0722 07222	5 1	1000F		0.00	0.00	0.00	0.00			0.00
1013940584	4 0722 07222	5 1	1159F		0.00	0.00	0.00	0.00			0.00
	4 0722 07222	5 1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	167.85		CLAIM TO	<b>TALS</b>	239.00	167.85	167.85	0.00		71.15	0.00
ADJ TO TO	TAL: PREV PD		]	INTEREST	0.00	LATE	FILING C	HARGE	0.00	NET	0.00
PLAN TYPE:	: COREWELL H	LTH WMI N	rwk								
STATUS COI	DE 1: Proces	sed as Pr	imary								
	LEET, PETER		94997671	1900 AC	NT 7552LMD6			58107284			
	4 0424 04242	5 1	36415		20.00	15.22	0.00	0.00	CO-45	4.78	15.22
PT RESP	0.00		CLAIM TO		20.00	15.22	0.00	0.00		4.78	15.22
	FAL: PREV PD		]	INTEREST	0.00	LATE	FILING C	HARGE	0.00	NET	15.22
	: MY PRIORIT										
STATUS COI	DE 1: Proces	sed as Pr	imary								
NAME WATE	2 M2 MM117711		2 94987589	2402 20	NT 7548LMD64	10	TON 45	58107275	00 ASG	Y MOA	
	O, MATTHEW			9402 ACI						83.39	155.61
1013940384 PT RESP	4 0403 04032 0.00	5 1	99391 CLAIM TO		239.00 239.00	155.61 155.61	0.00	0.00	CO-45	83.39	155.61
	FAL: PREV PD		-	INTEREST	0.00		FILING C		0.00	NET	155.61
	DE 1: Proces			INIERESI	0.00	LAIE	FILLING C	.narge	0.00	NET	133.01
JIAIUS COI	DE 1. PIOCES	seu as FI.	LINAL Y								
TOTALS:	# OF	BILLED	ALLOWEI	DI DI	EDUCT	COINS	TOTAL	PROV	PD I	PROV	CHECK
	CLAIMS	AMT	AMT		AMT	AMT	RC-AMT	AMT		J AMT	AMT
	22	4047.07	2180.9		297.52	0.00	1976.13			0.00	1773.42
		1017.07	2200.		237.432	0.00	15,0115		•	0.00	1773112
	: GROUP, REA	SON, MOA,	REMARK AN	ND REASON	1 CODES						
LOSSARY :									_		
	Claim / ser	vice lacks	s informat	TTOH WHIT	ch is needed	d for adiu	dication.	Check R	emittance F	emark Co	des for
		vice lacks	s informat	CIOII WIII	ch is needed	d for adju	dication.	Check R	emittance F	Remark Co	des for
CO-16	details.					_					
CO-16 CO-22	details. Payment adj	usted beca	use this	care may	y be covered	d by anoth	er payer	per coor	dination of	benefit	
CO-16 CO-22 CO-45	details. Payment adj Charge exce	usted beca eds fee so	use this chedule /	care may	y be covered	d by anoth	er payer	per coor	dination of	benefit	
CO-16 CO-22 CO-45 CO-96	details. Payment adj Charge exce Non-covered	usted beca eds fee so charge(s	ause this chedule /	care may	y be covered allowable d	d by anoth or contrac	er payer ted / leg	per coor islated	dination of fee arrange	benefit	s.
CO-16 CO-22 CO-45 CO-96	details. Payment adj Charge exce Non-covered Payment adj	usted beca eds fee so charge(s) usted beca	nuse this chedule / ). nuse the h	care may maximum benefit f	y be covered allowable d	d by anoth or contrac	er payer ted / leg	per coor islated	dination of fee arrange	benefit	s.
CO-16 CO-22 CO-45 CO-96 CO-97	details. Payment adj Charge exce Non-covered Payment adj service / p	usted beca eds fee so charge(s usted beca rocedure t	nuse this chedule / ). nuse the h that has a	care may maximum benefit f already h	y be covered allowable of for this ser been adjudio	d by anoth or contract rvice is i	er payer ted / leg	per coor islated	dination of fee arrange	benefit	s.
CO-16 CO-22 CO-45 CO-96 CO-97	details. Payment adj Charge exce Non-covered Payment adj service / p Missing / i	usted beca eds fee so charge(s usted beca rocedure t ncomplete	nuse this chedule / chedule / nuse the h that has a / invalid	care may maximum benefit i already h	y be covered allowable of this served adjudicate code(s)	d by anoth or contractivities is in cated	er payer ted / leg ncluded i	per coor islated n the pa	dination of fee arrange yment / all	benefit ement. Lowance f	s. or another
CO-16 CO-22 CO-45 CO-96 CO-97	details. Payment adj Charge exce Non-covered Payment adj service / p Missing / i This service	usted beca eds fee so charge(s usted beca rocedure to ncomplete e is not p	ause this chedule / chedul	care may maximum penefit falready h d procedu	y be covered allowable of for this ser- been adjudio are code(s) ce every 28	d by anoth or contract rvice is i cated days, and	er payer ted / leg ncluded i	per coor islated n the pa	dination of fee arrange yment / all spent 5 or	benefit ement. Lowance f	s. or another
CO-16 CO-22 CO-45 CO-96 CO-97 M51 N119	details. Payment adj Charge exce Non-covered Payment adj service / p Missing / i This servic days in any	usted beca eds fee so charge(s usted beca rocedure t ncomplete e is not p inpatient	ause this chedule / ). ause the heat has a / invalided of the core	care may maximum penefit falready h d procedu illed one	y be covered allowable of for this ser- been adjudioure code(s) ce every 28 sing Facilit	d by anoth or contract rvice is i cated days, and ty (SNF) w	er payer ted / leg ncluded i the pati	per coor islated n the parent has see 28 da	dination of fee arrange yment / all spent 5 or ys.	benefitement.  Lowance f	s. or another
CO-16 CO-22 CO-45 CO-96 CO-97 M51 W119	details. Payment adj Charge exce Non-covered Payment adj service / p Missing / i This servic days in any Claim must	usted becauseds fee so charge(s, usted becaure incomplete e is not p inpatient meet prima	ause this chedule / cause the he that has a / invalid paid if b c or Skill ary payer	care may maximum benefit falready hal proceduilled one led /nurs	y be covered allowable of this serpeen adjudicance code(s), see every 28 sing Facilitiesing requiressing requires requi	d by anoth or contract rvice is i cated days, and ty (SNF) w	er payer ted / leg ncluded i the pati ithin tho fore we o	per coor islated n the pa ent has se 28 da an consi	dination of fee arrange yment / all spent 5 or ys. der payment	benefit ement.  Lowance f more con	s. or another
CO-16 CO-22 CO-45 CO-96 CO-97 M51 W119	details. Payment adj Charge exce Non-covered Payment adj service / p Missing / i This servic days in any Claim must This drug /	usted beca eds fee so charge(s usted beca rocedure to ncomplete e is not p inpatien meet prima service	ause this chedule / cause the he that has a / invalid paid if b c or Skill ary payer	care may maximum benefit falready hal proceduilled one led /nurs	y be covered allowable of this serpeen adjudicance code(s), see every 28 sing Facilitiesing requiressing requires requi	d by anoth or contract rvice is i cated days, and ty (SNF) w	er payer ted / leg ncluded i the pati ithin tho fore we o	per coor islated n the pa ent has se 28 da an consi	dination of fee arrange yment / all spent 5 or ys. der payment	benefit ement.  Lowance f more con	s. or another
CO-16 CO-22 CO-45 CO-96 CO-97 M51 N119	details. Payment adj Charge exce Non-covered Payment adj service / p Missing / i This servic days in any Claim must This drug / arrangement	usted beca eds fee so charge(s usted beca rocedure t ncomplete e is not p inpatient meet prima service	ause this chedule / ). ause the lathat has a / invalid opaid if bit or Skill ary payer by supply if	care may maximum penefit is already hid proceduilled once hed /nurs 's proces is not in	y be covered allowable of this serpeen adjudicance code(s), see every 28 sing Facilitiesing requiressing requires requi	d by anoth or contract rvice is i cated days, and ty (SNF) w	er payer ted / leg ncluded i the pati tithin the fore we c	per coor islated n the pa ent has se 28 da an consi	dination of fee arrange yment / all spent 5 or ys. der payment	benefit ement.  Lowance f more con	s. or another
CO-16 CO-22 CO-45 CO-96 CO-97 M51 N119 N36 N448	details. Payment adj Charge exce Non-covered Payment adj service / r Missing / i This servic days in any Claim must This drug / arrangement A lateral d	usted beca eds fee so charge(s usted beca rocedure t ncomplete e is not p inpatient meet prima service ,	ause this chedule / ). ause the heat has a / invalid or skill ary payer of supply its require	care may maximum penefit is already hid proceduilled once hed /nurs 's proces is not in	y be covered allowable of this serpeen adjudicance code(s), see every 28 sing Facilitiesing requiressing requires requi	d by anoth or contract rvice is i cated days, and ty (SNF) w	er payer ted / leg ncluded i the pati tithin the fore we c	per coor islated n the pa ent has se 28 da an consi	dination of fee arrange yment / all spent 5 or ys. der payment	benefit ement.  Lowance f more con	s. or another
CO-16 CO-22 CO-45 CO-96 CO-97 M51 N119 N36 N448 N769 OA-18	details. Payment adj Charge exce Non-covered Payment adj service / p Missing / i This servic days in any Claim must This drug / arrangement A lateral d Duplicate	usted beca eds fee so charge(s usted beca rocedure t ncomplete e is not p inpatient meet prima service / iagnosis:	ause this chedule / ). ause the heat has a / invalid or skill ary payer of supply its require	care may maximum penefit is already hid proceduilled once hed /nurs 's proces is not in	y be covered allowable of this serpeen adjudicance code(s), see every 28 sing Facilitiesing requiressing requires requi	d by anoth or contract rvice is i cated days, and ty (SNF) werements be	er payer ted / leg ncluded i the pati tithin the fore we c	per coor islated n the pa ent has se 28 da an consi	dination of fee arrange yment / all spent 5 or ys. der payment	benefit ement.  Lowance f more con	s. or another
CO-16 CO-22 CO-45 CO-96 CO-97 M51 N119 N36 N448 N769 OA-18 PR-1	details. Payment adj Charge exce Non-covered Payment adj service / p Missing / i This servic days in any Claim must This drug / arrangement A lateral d Duplicate o Deductible	usted becauseds fee (s) usted becaused becaused is not pinpatient meet primagervice (s) iagnosis ilaim / ser	ause this chedule / ). ause the heat has a / invalid or skill ary payer of supply its require	care may maximum penefit is already hid proceduilled once hed /nurs 's proces is not in	y be covered allowable of this serpeen adjudicance code(s), see every 28 sing Facilitiesing requiressing requires requi	d by anoth or contract rvice is i cated days, and ty (SNF) werements be	er payer ted / leg ncluded i the pati tithin the fore we c	per coor islated n the pa ent has se 28 da an consi	dination of fee arrange yment / all spent 5 or ys. der payment	benefit ement.  Lowance f more con	s. or another
CO-16 CO-22 CO-45 CO-96 CO-97 M51 N119 N36 N448 N769 OA-18	details. Payment adj Charge exce Non-covered Payment adj service / p Missing / i This servic days in any Claim must This drug / arrangement A lateral d Duplicate	usted becauseds fee (s) usted becaused becaused is not pinpatient meet primagervice (s) iagnosis ilaim / ser	ause this chedule / ). ause the heat has a / invalid or skill ary payer of supply its require	care may maximum penefit is already hid proceduilled once hed /nurs 's proces is not in	y be covered allowable of this serpeen adjudicance code(s), see every 28 sing Facilitiesing requiressing requires requi	d by anoth or contract rvice is i cated days, and ty (SNF) werements be	er payer ted / leg ncluded i the pati tithin the fore we c	per coor islated n the pa ent has se 28 da an consi	dination of fee arrange yment / all spent 5 or ys. der payment	benefit ement.  Lowance f more con	s. or another

