

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: 2025-03-20  
 EFT #: 25075B1000424928  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BARNEY, ROBERT			HIC	0020652192	ACNT	5179LMD642			ICN	436081881700	ASG Y MOA
1306898036	0310	031025	1	99214		219.00	0.00	0.00	0.00	CO-16	219.00 0.00
REM: N769											
1306898036	0310	031025	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	1	3079F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	1	1160F		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 1: Processed as Primary											

NAME GODLEY, LYRIC			HIC	1084002022	ACNT	5180LMD642			ICN	436081881900	ASG Y MOA
1306898036	0310	031025	1	99214		219.00	82.43	0.00	0.00	CO-45	136.57 82.43
1306898036	0310	031025	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		219.00	82.43	0.00	0.00		136.57 82.43
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 82.43
STATUS CODE 1: Processed as Primary											

NAME FARMER, HADLEY			HIC	1160084197	ACNT	4806LMD642			ICN	435769264000	ASG Y MOA
1013940584	1202	120224	1	99394		289.00	0.00	0.00	0.00	OA-18	289.00 0.00
PT RESP	0.00			CLAIM TOTALS		289.00	0.00	0.00	0.00		289.00 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 1: Processed as Primary											

NAME FARMER, QUINTON			HIC	1160079052	ACNT	4784LMD642			ICN	435769263500	ASG Y MOA
1013940584	1202	120224	1	99394		289.00	0.00	0.00	0.00	OA-18	289.00 0.00
1013940584	1202	120224	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	1202	120224	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		289.00	0.00	0.00	0.00		289.00 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
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
	4	1016.00	82.43	0.00	0.00	933.57	82.43	0.00	82.43

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.

OA-18 Duplicate claim / service.

