

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: 2025-05-22
 EFT #: 25131B1000352253
 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	4561LMD642	ICN 435210136500			ASG Y	MOA	
1306898036	0203	020325	-1 99396	25		0.00	0.00	0.00	0.00		0.00
1306898036	0203	020325	-1 G2211			-25.00	0.00	0.00	0.00	CO-97	-25.00
1306898036	0203	020325	-1 96127	XU		-40.00	-9.34	0.00	0.00	CO-45	-30.66
1306898036	0203	020325	-1 96127	XU		-40.00	-9.34	0.00	0.00	CO-45	-30.66
1306898036	0203	020325	-1 36415			0.00	0.00	0.00	0.00		0.00
1306898036	0203	020325	-1 3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0203	020325	-1 3079F			0.00	0.00	0.00	0.00		0.00
1306898036	0203	020325	-1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0203	020325	-1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			-105.00	-18.68	0.00	0.00		-86.32
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE			0.00	NET
STATUS CODE 22: Reversal of Previous Payment											-18.68

NAME LANNING, NATHAN		HIC 94707617700	ACNT 4561LMD642	ICN 437272738700		ASG Y	MOA	
1306898036	0203 020325	1 99396 25	327.00	162.87	0.00	0.00	CO-45	162.87
1306898036	0203 020325	1 G2211	25.00	0.00	0.00	0.00	CO-97	0.00
1306898036	0203 020325	1 96127 XU	40.00	9.34	0.00	0.00	CO-45	9.34
1306898036	0203 020325	1 96127 XU	40.00	9.34	0.00	0.00	CO-45	9.34
1306898036	0203 020325	1 99401 33	65.00	0.00	0.00	0.00	CO-97	0.00
REM: N119								
1306898036	0203 020325	1 G0447 XU	65.00	30.99	0.00	0.00	CO-45	30.99
1306898036	0203 020325	1 36415	0.00	0.00	0.00	0.00		0.00
1306898036	0203 020325	1 3075F	0.00	0.00	0.00	0.00		0.00
1306898036	0203 020325	1 3079F	0.00	0.00	0.00	0.00		0.00
1306898036	0203 020325	1 G9622	0.00	0.00	0.00	0.00		0.00
1306898036	0203 020325	1 G8510	0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS	562.00	212.54	0.00	0.00		
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE FILING CHARGE		0.00	NET	212.54
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
	2	457.00	193.86	0.00	0.00	263.14	193.86	0.00	193.86

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
 N119 This service is not paid if billed once every 28 days, and the patient has spent 5 or more consecutive days in any inpatient or Skilled /nursing Facility (SNF) within those 28 days.

