

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: 2025-07-03  
EFT #: 25173B1000330013  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME LYONS, NATHAN			HIC 94841667801	ACNT 6964LMD642		ICN 447563205700		ASG Y	MOA		
1013940584	0613	061325	1	99213	25	146.00	108.22	108.22	0.00	CO-45	37.78 0.00
1013940584	0613	061325	1	G0447	XU	65.00	31.26	0.00	0.00	CO-45	33.74 31.26
1013940584	0613	061325	1	99401	25	65.00	54.70	0.00	0.00	CO-45	10.30 54.70
1013940584	0613	061325	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0613	061325	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0613	061325	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0613	061325	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0613	061325	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0613	061325	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	108.22		CLAIM TOTALS			276.00	194.18	108.22	0.00		81.82 85.96
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	85.96
STATUS CODE 1: Processed as Primary											

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	276.00	194.18	108.22	0.00	81.82	85.96	0.00	85.96

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
PR-1 Deductible Amount

