

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: 2025-03-06  
 EFT #: 25054B1000348393  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CURTIS, KRISTEN			HIC 94865647500	ACNT 4824LMD642			ICN 435102743900	ASG Y	MOA		
1306898036	0217	021725	1 99213 25		146.00	107.30	107.30	0.00	CO-45	38.70	0.00
1306898036	0217	021725	1 36415		20.00	15.09	0.00	0.00	CO-45	4.91	15.09
1306898036	0217	021725	1 3044F		0.00	0.00	0.00	0.00			0.00
1306898036	0217	021725	1 3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0217	021725	1 3079F		0.00	0.00	0.00	0.00			0.00
1306898036	0217	021725	1 3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0217	021725	1 2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0217	021725	1 2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0217	021725	1 1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0217	021725	1 1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0217	021725	1 1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	107.30		CLAIM TOTALS		166.00	122.39	107.30	0.00		43.61	15.09
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	15.09
STATUS CODE 1: Processed as Primary											

NAME GOODMAN, TODD			HIC 94866310900	ACNT 3966LMD642			ICN 426842749900	ASG Y	MOA		
1013940584	0107	010725	1 99214		219.00	151.33	0.00	0.00	CO-45	67.67	141.33
									PR-3	10.00	
1013940584	0107	010725	1 2001F		0.00	0.00	0.00	0.00			0.00
1013940584	0107	010725	1 2000F		0.00	0.00	0.00	0.00			0.00
1013940584	0107	010725	1 1000F		0.00	0.00	0.00	0.00			0.00
1013940584	0107	010725	1 1159F		0.00	0.00	0.00	0.00			0.00
1013940584	0107	010725	1 1160F		0.00	0.00	0.00	0.00			0.00
1013940584	0107	010725	1 3008F		0.00	0.00	0.00	0.00			0.00
PT RESP	10.00		CLAIM TOTALS		219.00	151.33	0.00	0.00		77.67	141.33
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	141.33
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	385.00	273.72	107.30	0.00	121.28	156.42	0.00	156.42

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  
 PR-3 Co-payment Amount

