

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 2
DATE: 2025-08-21
EFT #: 25229B1000406918
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HYDE, WARREN			HIC 1239663325	ACNT	7922LMD642			ICN 456956178000	ASG Y	MOA	
1306898036	0808	080825	1 99393	25		270.00	72.79	0.00	0.00	CO-45	197.21 72.79
1306898036	0808	080825	1 G0136	33		65.00	12.14	0.00	0.00	CO-45	52.86 12.14
1306898036	0808	080825	1 G8420			0.00	0.00	0.00	0.00		0.00
1306898036	0808	080825	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0808	080825	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0808	080825	1 1036F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			335.00	84.93	0.00	0.00		250.07 84.93
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 84.93
STATUS CODE 1: Processed as Primary											

NAME TAYLOR, ELIZABETH			HIC 0089610485	ACNT	7354LMD642			ICN 457020584600	ASG Y	MOA	
1306898036	0709	070925	1 99395	25		297.00	81.34	0.00	0.00	CO-45	215.66 81.34
1306898036	0709	070925	1 G0136	33		65.00	12.14	0.00	0.00	CO-45	52.86 12.14
1306898036	0709	070925	1 96127	XU		40.00	2.98	0.00	0.00	CO-45	37.02 2.98
1306898036	0709	070925	1 96127	XU		40.00	2.98	0.00	0.00	CO-45	37.02 2.98
1306898036	0709	070925	1 36415			20.00	7.53	0.00	0.00	CO-45	12.47 7.53
1306898036	0709	070925	1 G8420			0.00	0.00	0.00	0.00		0.00
1306898036	0709	070925	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0709	070925	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0709	070925	1 G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0709	070925	1 G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			462.00	106.97	0.00	0.00		355.03 106.97
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 106.97
STATUS CODE 1: Processed as Primary											

NAME THOMAS, REMEDY			HIC 94966184100	ACNT	7917LMD642			ICN 457020604200	ASG Y	MOA	
1306898036	0808	080825	1 99392	25		256.00	93.80	0.00	0.00	CO-45	162.20 93.80
1306898036	0808	080825	1 G0136	33		65.00	12.14	0.00	0.00	CO-45	52.86 12.14
1306898036	0808	080825	1 G8420			0.00	0.00	0.00	0.00		0.00
1306898036	0808	080825	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0808	080825	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0808	080825	1 1036F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			321.00	105.94	0.00	0.00		215.06 105.94
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 105.94
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NAME CHACHULSKI, REBECCA			HIC 0059961701	ACNT	8038LMD642			ICN 457077490900	ASG Y	MOA	
1013940584	0813	081325	1 99213	25		146.00	78.28	0.00	0.00	CO-45	67.72 78.28
1013940584	0813	081325	1 99401	25		0.00	0.00	0.00	0.00		0.00
1013940584	0813	081325	1 G0447	XU		65.00	0.00	0.00	0.00	CO-96	65.00 0.00
REM: N174											
1013940584	0813	081325	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0813	081325	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0813	081325	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0813	081325	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0813	081325	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0813	081325	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0813	081325	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0813	081325	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			211.00	78.28	0.00	0.00		132.72 78.28
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 78.28
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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	WHITE, MATTHEW		HIC	1312584510	ACNT	7442LMD642				ICN 457077486700	ASG Y	MOA	
1013940584	0714	071425	1	99213	25		171.26	78.28	0.00	0.00	CO-45	92.98	78.28
1013940584	0714	071425	1	J3301	JZ		12.00	0.86	0.00	0.00	CO-45	11.14	0.86
1013940584	0714	071425	1	96372			45.00	9.16	0.00	0.00	CO-45	35.84	9.16
1013940584	0714	071425	6	J3301	JZ		72.00	5.16	0.00	0.00	CO-45	66.84	5.16
1013940584	0714	071425	1	96372			45.00	9.16	0.00	0.00	CO-45	35.84	9.16
1013940584	0714	071425	1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0714	071425	1	G8427			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS		345.26	102.62	0.00	0.00		242.64	102.62
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET	102.62
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TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	5	1674.26	478.74	0.00	0.00	1195.52	478.74	0.00	478.74

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

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-96 Non-covered charge(s).

N174 This is not a covered service/procedure/ equipment/bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'.

