

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: 2025-06-19
 EFT #: 25159B1000329593
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ESPARZA, JOEY			HIC 94946893700			ACNT 6775LMD642			ICN 446697726300		
									ASG Y MOA		
1013940584	0425	042525	1	99395	25	297.00	162.24	0.00	0.00	CO-45	134.76 162.24
1013940584	0425	042525	1	G0136	33	34.80	27.10	0.00	0.00	CO-45	7.70 27.10
1013940584	0425	042525	1	36415		20.00	15.22	0.00	0.00	CO-45	4.78 15.22
1013940584	0425	042525	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0425	042525	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0425	042525	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0425	042525	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0425	042525	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0425	042525	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0425	042525	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0425	042525	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP			0.00			CLAIM TOTALS			351.80 204.56 0.00 0.00		
ADJ TO TOTAL: PREV PD						INTEREST			0.00		
STATUS CODE 1: Processed as Primary									LATE FILING CHARGE		
									0.00		
									NET		
									147.24 204.56		

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	351.80	204.56	0.00	0.00	147.24	204.56	0.00	204.56

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

