

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 5  
DATE: 2025-08-07  
EFT #: 25215B1000096000  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BOERSEMA, SHAWN			HIC 95001719600	ACNT 6952LMD642		ICN 447563204700	ASG Y	MOA			
1306898036	0613	061325	-1 99396 25			-327.00	0.00	0.00	0.00	CO-16	-327.00 0.00
			REM: N769								
1306898036	0613	061325	-1 G0136 33			-65.00	-27.10	0.00	0.00	CO-45	-37.90 -27.10
1306898036	0613	061325	-1 36415			-20.00	-15.22	0.00	0.00	CO-45	-4.78 -15.22
1306898036	0613	061325	-1 G0442 XU			-30.00	0.00	0.00	0.00	CO-16	-30.00 0.00
			REM: M51								
1306898036	0613	061325	-1 G0444 XU			-29.45	0.00	0.00	0.00	CO-16	-29.45 0.00
			REM: M51								
1306898036	0613	061325	-1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	-1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	-1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	-1 G8427			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	-1 G8476			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	-1 1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	-1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			-471.45	-42.32	0.00	0.00		-429.13 -42.32
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET -42.32
PLAN TYPE: WEST MI PARTNERS											
STATUS CODE 22: Reversal of Previous Payment											

NAME BOERSEMA, SHAWN			HIC 95001719600	ACNT 6952LMD642		ICN 454390623700	ASG Y	MOA			
1306898036	0613	061325	1 99396 25			327.00	172.48	0.00	0.00	CO-45	154.52 172.48
1306898036	0613	061325	1 G0136 33			65.00	27.10	0.00	0.00	CO-45	37.90 27.10
1306898036	0613	061325	1 36415			20.00	15.22	0.00	0.00	CO-45	4.78 15.22
1306898036	0613	061325	1 G0442 XU			30.00	0.00	0.00	0.00	CO-16	30.00 0.00
			REM: M51								
1306898036	0613	061325	1 G0444 XU			29.45	0.00	0.00	0.00	CO-16	29.45 0.00
			REM: M51								
1306898036	0613	061325	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	1 G8427			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	1 G8476			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	1 1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			471.45	214.80	0.00	0.00		256.65 214.80
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 214.80
PLAN TYPE: WEST MI PARTNERS											
STATUS CODE 1: Processed as Primary											

NAME KUIPER, JOSHUA			HIC 94965949100	ACNT 6937LMD642		ICN 447563204200	ASG Y	MOA			
1306898036	0612	061225	-3 95117			-111.00	0.00	0.00	0.00	CO-16	-111.00 0.00
			REM: M76								
PT RESP	0.00		CLAIM TOTALS			-111.00	0.00	0.00	0.00		-111.00 0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 22: Reversal of Previous Payment											

NAME KUIPER, JOSHUA			HIC 94965949100	ACNT 6937LMD642		ICN 454390623400	ASG Y	MOA			
1306898036	0612	061225	3 95117			111.00	17.65	17.65	0.00	CO-96	74.00 0.00
			REM: N640							CO-45	19.35
PT RESP	17.65		CLAIM TOTALS			111.00	17.65	17.65	0.00		93.35 0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 1: Processed as Primary											



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NPI #: 1982923660  
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PAGE #: 2 of 5REMITTANCE  
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DATE: 2025-08-07

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME MARTIN, MELANIE			HIC	94975284401	ACNT	7654LMD642	ICN 456255125600		ASG Y	MOA			
1306898036	0725	072525	1	99395	25		297.00	0.00	0.00	0.00	CO-9	297.00	0.00
1306898036	0725	072525	1	99401	25		65.00	0.00	0.00	0.00	CO-9	65.00	0.00
1306898036	0725	072525	1	G0444	XU		91.00	0.00	0.00	0.00	CO-16	91.00	0.00
REM: M51													
1306898036	0725	072525	1	G0442	XU		43.00	0.00	0.00	0.00	CO-16	43.00	0.00
REM: M51													
1306898036	0725	072525	1	G2211			25.00	0.00	0.00	0.00	CO-97	25.00	0.00
1306898036	0725	072525	1	G0136	33		34.80	27.10	0.00	0.00	CO-45	7.70	27.10
1306898036	0725	072525	1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1306898036	0725	072525	1	90619			347.00	195.90	0.00	0.00	CO-45	151.10	195.90
1306898036	0725	072525	1	90460			41.00	28.36	0.00	0.00	CO-45	12.64	28.36
1306898036	0725	072525	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	1	G8476			0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS		963.80	266.58	0.00	0.00		697.22	266.58
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	266.58
STATUS CODE 1: Processed as Primary													

NAME TOPP, LAURA			HIC	94974850200	ACNT	7657LMD642	ICN 456255127400		ASG Y	MOA			
1306898036	0725	072525	1	99212			87.00	67.39	0.00	0.00	CO-45	19.61	0.00
												PR-3	67.39
1306898036	0725	072525	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	67.39				CLAIM TOTALS		87.00	67.39	0.00	0.00		87.00	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: MY PRIORITY HMO													
STATUS CODE 1: Processed as Primary													

NAME DEWEERD, RONALD			HIC	94912016400	ACNT	7750LMD642	ICN 456384244000		ASG Y	MOA			
1013940584	0721	072125	1	99496	25		446.00	399.55	0.00	0.00	CO-45	46.45	399.55
1013940584	0721	072125	1	15853			50.00	0.00	0.00	0.00	CO-97	50.00	0.00
REM: N122													
1013940584	0721	072125	1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0721	072125	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0721	072125	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0721	072125	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0721	072125	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0721	072125	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0721	072125	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0721	072125	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0721	072125	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS		496.00	399.55	0.00	0.00		96.45	399.55
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	399.55
PLAN TYPE: WEST MI PARTNERS													
STATUS CODE 1: Processed as Primary													

NAME HOGAN, AMY			HIC	95006025601	ACNT	7646LMD642	ICN 456255121100		ASG Y	MOA			
1013940584	0724	072425	1	99396	25		327.00	172.48	0.00	0.00	CO-45	154.52	172.48
1013940584	0724	072425	1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1013940584	0724	072425	1	G0136	33		65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1013940584	0724	072425	1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00	0.00
REM: M51													
1013940584	0724	072425	1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45	0.00
REM: M51													
1013940584	0724	072425	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0724	072425	1	G8431			0.00	0.00	0.00	0.00			0.00
1013940584	0724	072425	1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0724	072425	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0724	072425	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0724	072425	1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0724	072425	1	G8427			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS		471.45	214.80	0.00	0.00		256.65	214.80
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	214.80
PLAN TYPE: COREWELL HLTH WMI NTWK													
STATUS CODE 1: Processed as Primary													



## PRIORITY HEALTH

NPI #: 1982923660  
EFT #: 25215B1000096000TIMOTHY J TOBOLIC MD PLLC [900068405]  
PAGE #: 3 of 5REMITTANCE  
ADVANCE  
DATE: 2025-08-07

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME LAMBRIGHT, TRENTON				HIC	94981917400	ACNT	7754LMD642	ICN 456384244100		ASG	Y	MOA		
1013940584	0730	073025	1	99385	25			341.00	0.00	0.00	0.00	CO-16	341.00	0.00
REM: N769														
1013940584	0730	073025	1	G0136	33			34.80	27.10	0.00	0.00	CO-45	7.70	27.10
1013940584	0730	073025	1	36415				20.00	0.00	0.00	0.00	CO-16	20.00	0.00
REM: N769														
1013940584	0730	073025	2	96127	XU			80.00	18.85	0.00	0.00	CO-45	61.15	18.85
1013940584	0730	073025	1	3074F				0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	1	3078F				0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	1	G9622				0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	1	1036F				0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	1	G8510				0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS			475.80	45.95	0.00	0.00		429.85	45.95
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING	CHARGE	0.00	NET	45.95
PLAN TYPE: COREWELL HLTH WMI NTWK														
STATUS CODE 1: Processed as Primary														

NAME POSTMA, THERESA				HIC	94900028200	ACNT	7690LMD642	ICN 456255132700		ASG	Y	MOA		
1013940584	0728	072825	1	99396	25			327.00	172.48	0.00	0.00	CO-45	154.52	172.48
1013940584	0728	072825	1	36415				20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1013940584	0728	072825	2	96127	XU			80.00	18.85	0.00	0.00	CO-45	61.15	18.85
1013940584	0728	072825	1	G8510				0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825	1	G8420				0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825	1	3074F				0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825	1	3078F				0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825	1	G8476				0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825	1	G9622				0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS			427.00	206.55	0.00	0.00		220.45	206.55
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING	CHARGE	0.00	NET	206.55
PLAN TYPE: MY PRIORITY HMO														
STATUS CODE 1: Processed as Primary														

NAME SANTIAGO, JOSE				HIC	95004958300	ACNT	7671LMD642	ICN 456255134100		ASG	Y	MOA		
1013940584	0728	072825	1	99213	25			146.00	108.22	108.22	0.00	CO-45	37.78	0.00
1013940584	0728	072825	1	3074F				0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825	1	3079F				0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825	1	3008F				0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825	1	2001F				0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825	1	2000F				0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825	1	1000F				0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825	1	1159F				0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825	1	1160F				0.00	0.00	0.00	0.00			0.00
PT RESP	108.22			CLAIM	TOTALS			146.00	108.22	108.22	0.00		37.78	0.00
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING	CHARGE	0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

NAME SCHAEENDORF, JERRY				HIC	94756504200	ACNT	7685LMD642	ICN 456255140900		ASG	Y	MOA		
1013940584	0307	030725	1	99396	25			327.00	171.02	0.00	0.00	CO-45	155.98	171.02
1013940584	0307	030725	1	36415				20.00	15.09	0.00	0.00	CO-45	4.91	15.09
1013940584	0307	030725	1	81003				0.00	0.00	0.00	0.00			0.00
1013940584	0307	030725	1	G0136	33			65.00	26.87	0.00	0.00	CO-45	38.13	26.87
1013940584	0307	030725	2	96127	XU			80.00	18.69	0.00	0.00	CO-45	61.31	18.69
1013940584	0307	030725	1	3075F				0.00	0.00	0.00	0.00			0.00
1013940584	0307	030725	1	3079F				0.00	0.00	0.00	0.00			0.00
1013940584	0307	030725	1	G8510				0.00	0.00	0.00	0.00			0.00
1013940584	0307	030725	1	G9622				0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS			492.00	231.67	0.00	0.00		260.33	231.67
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING	CHARGE	0.00	NET	231.67
STATUS CODE 1: Processed as Primary														

NAME SHOEMAKER, CASSIE				HIC	94713560900	ACNT	6928LMD642	ICN 447507677100		ASG	Y	MOA		
1013940584	0611	061125	-1	99213	25			-146.00	0.00	0.00	0.00	CO-16	-146.00	0.00
REM: MA63														
1013940584	0611	061125	-1	G8510				0.00	0.00	0.00	0.00			0.00
1013940584	0611	061125	-1	3074F				0.00	0.00	0.00	0.00			0.00
1013940584	0611	061125	-1	3078F				0.00	0.00	0.00	0.00			0.00
1013940584	0611	061125	-1	G8420				0.00	0.00	0.00	0.00			0.00
1013940584	0611	061125	-1	1036F				0.00	0.00	0.00	0.00			0.00
1013940584	0611	061125	-1	G0446	XU			-61.88	-31.26	0.00	0.00	CO-45	-30.62	-31.26
PT RESP	0.00			CLAIM	TOTALS			-207.88	-31.26	0.00	0.00		-176.62	-31.26
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING	CHARGE	0.00	NET	-31.26
PLAN TYPE: COREWELL HEALTH EMP GRP														
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NPI #: 1982923660  
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DATE: 2025-08-07

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	SHOEMAKER, CASSIE			HIC	94713560900	ACNT	6928LMD642			ICN	454390623000	ASG Y	MOA	
1013940584	0611	061125		1	99213	25		146.00	108.22	0.00	0.00	CO-45	37.78	73.22
												PR-3	35.00	
1013940584	0611	061125		1	G0446	XU		61.88	31.26	0.00	0.00	CO-45	30.62	31.26
1013940584	0611	061125		1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0611	061125		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0611	061125		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0611	061125		1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0611	061125		1	1036F			0.00	0.00	0.00	0.00			0.00
PT RESP	35.00				CLAIM TOTALS			207.88	139.48	0.00	0.00		103.40	104.48
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	
PLAN TYPE:	COREWELL HEALTH EMP GRP													
STATUS CODE 1: Processed as Primary														

NAME	WALDO, LOGAN			HIC	94987589400	ACNT	7677LMD642			ICN	456255137100	ASG Y	MOA	
1013940584	0516	051625		1	99213			146.00	108.22	0.00	0.00	CO-45	37.78	88.22
												PR-3	20.00	
1013940584	0516	051625		1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0516	051625		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	20.00				CLAIM TOTALS			146.00	108.22	0.00	0.00		57.78	88.22
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	
STATUS CODE 1:	Processed as Primary													

NAME	WEDEVEN, MICHAEL			HIC	94899237402	ACNT	7673LMD642			ICN	456255135500	ASG Y	MOA	
1013940584	0723	072324		1	90715			87.00	0.00	0.00	0.00	CO-29	87.00	0.00
1013940584	0723	072324		1	90471			41.00	0.00	0.00	0.00	CO-29	41.00	0.00
PT RESP	0.00				CLAIM TOTALS			128.00	0.00	0.00	0.00		128.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	
PLAN TYPE:	WEST MI PARTNERS													
STATUS CODE 1: Processed as Primary														

NAME	WEDEVEN, MICHAEL			HIC	94899237402	ACNT	7674LMD642			ICN	456255136300	ASG Y	MOA	
1013940584	0728	072825		1	99395	25		297.00	162.24	0.00	0.00	CO-45	134.76	162.24
1013940584	0728	072825		1	G0136	33		65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1013940584	0728	072825		2	96127	XU		80.00	18.85	0.00	0.00	CO-45	61.15	18.85
1013940584	0728	072825		1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825		1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825		1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825		1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825		1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825		1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			442.00	208.19	0.00	0.00		233.81	208.19
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	
PLAN TYPE:	WEST MI PARTNERS													
STATUS CODE 1: Processed as Primary														

NAME	WEDEVEN, MORGAN			HIC	94899237403	ACNT	7675LMD642			ICN	456255136600	ASG Y	MOA	
1013940584	0728	072825		1	99395	25		297.00	162.24	0.00	0.00	CO-45	134.76	162.24
1013940584	0728	072825		1	G0136	33		65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1013940584	0728	072825		2	96127	XU		80.00	18.85	0.00	0.00	CO-45	61.15	18.85
1013940584	0728	072825		1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1013940584	0728	072825		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825		1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825		1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825		1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825		1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825		1	G8427			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			462.00	223.41	0.00	0.00		238.59	223.41
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	
PLAN TYPE:	WEST MI PARTNERS													
STATUS CODE 1: Processed as Primary														



## PRIORITY HEALTH

NPI #: 1982923660  
EFT #: 25215B1000096000

TIMOTHY J TOBOLIC MD PLLC [900068405]  
PAGE #: 5 of 5

REMITTANCE  
ADVICE  
DATE: 2025-08-07

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WEDEVEN, SUZANNE			HIC 94899237400	ACNT 7672LMD642	ICN 456255134700		ASG Y	MOA			
1013940584	0728	072825	1 99396 25		327.00	172.48	0.00	0.00	CO-45	154.52	172.48
1013940584	0728	072825	1 Q0091 59		40.00	0.00	0.00	0.00	CO-97	40.00	0.00
REM: N19											
1013940584	0728	072825	1 G0136 33		34.80	27.10	0.00	0.00	CO-45	7.70	27.10
1013940584	0728	072825	1 36415		20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1013940584	0728	072825	2 96127 XU		80.00	18.85	0.00	0.00	CO-45	61.15	18.85
1013940584	0728	072825	1 3074F		0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825	1 3078F		0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825	1 G9622		0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825	1 G8510		0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825	1 1036F		0.00	0.00	0.00	0.00			0.00
1013940584	0728	072825	1 G8476		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		501.80	233.65	0.00	0.00		268.15	233.65
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE		0.00	NET	233.65
PLAN TYPE: WEST MI PARTNERS											
STATUS CODE 1: Processed as Primary											

NAME WENSINK, DIANE			HIC 95000548100	ACNT 7738LMD642	ICN 456384242500		ASG Y	MOA			
1013940584	0731	073125	1 99214		219.00	152.63	152.63	0.00	CO-45	66.37	0.00
1013940584	0731	073125	1 81003		33.60	2.47	2.47	0.00	CO-45	31.13	0.00
1013940584	0731	073125	1 0513F		0.00	0.00	0.00	0.00			0.00
1013940584	0731	073125	1 G8420		0.00	0.00	0.00	0.00			0.00
1013940584	0731	073125	1 3008F		0.00	0.00	0.00	0.00			0.00
1013940584	0731	073125	1 2001F		0.00	0.00	0.00	0.00			0.00
1013940584	0731	073125	1 2000F		0.00	0.00	0.00	0.00			0.00
1013940584	0731	073125	1 1000F		0.00	0.00	0.00	0.00			0.00
1013940584	0731	073125	1 1159F		0.00	0.00	0.00	0.00			0.00
1013940584	0731	073125	1 1160F		0.00	0.00	0.00	0.00			0.00
1013940584	0731	073125	1 3077F		0.00	0.00	0.00	0.00			0.00
1013940584	0731	073125	1 3079F		0.00	0.00	0.00	0.00			0.00
PT RESP	155.10		CLAIM TOTALS		252.60	155.10	155.10	0.00		97.50	0.00
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: COREWELL HLTH WMI NTWK											
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
	20	5491.45	2767.63	280.97	0.00	2846.21	2364.27	0.00	2364.27

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

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

CO-29 The time limit for filing has expired.

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

CO-9 The diagnosis is inconsistent with the patient's age.

CO-96 Non-covered charge(s).

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

M51 Missing / incomplete / invalid procedure code(s).

M76 Missing / incomplete / invalid diagnosis or condition.

MA63 Missing / incomplete / invalid principal diagnosis.

N122 Add-on code cannot be billed by itself.

N19 Procedure code incidental to primary procedure.

N640 Exceeds number / frequency approved / allowed within time period.

N769 A lateral diagnosis is required.

PR-1 Deductible Amount

PR-3 Co-payment Amount

