

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 3
DATE: 2025-04-17
EFT #: 25103B1000384156
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BARNEY, ROBERT			HIC	0020652192	ACNT	5179LMD642			ICN	436081881700	ASG Y MOA
1306898036	0310	031025	-1	99214		-219.00	0.00	0.00	0.00	CO-16	-219.00 0.00
REM: N769											
1306898036	0310	031025	-1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	-1	3079F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	-1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	-1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	-1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	-1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	-1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	-1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		-219.00	0.00	0.00	0.00		-219.00 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 22: Reversal of Previous Payment											

NAME BARNEY, ROBERT			HIC	0020652192	ACNT	5179LMD642			ICN	436490812100	ASG Y MOA
1306898036	0310	031025	1	99214		219.00	110.16	0.00	0.00	CO-45	108.84 110.16
1306898036	0310	031025	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	1	3079F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0310	031025	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		219.00	110.16	0.00	0.00		108.84 110.16
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 110.16
STATUS CODE 1: Processed as Primary											

NAME HEWITT, TRAC			HIC	0025589091	ACNT	5737LMD642			ICN	437491709000	ASG Y MOA
1306898036	0408	040825	1	99214 25		219.00	0.00	0.00	0.00	CO-16	219.00 0.00
REM: N769											
1306898036	0408	040825	1	99401 33		60.00	0.00	0.00	0.00	CO-16	60.00 0.00
REM: M76											
1306898036	0408	040825	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		279.00	0.00	0.00	0.00		279.00 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 1: Processed as Primary											



PRIORITY HEALTH

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PAGE #: 2 of 3REMITTANCE
ADVICE
DATE: 2025-04-17

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	SCHMIDT, JACQUELINE		HIC 0095220930	ACNT	5695LMD642			ICN 437399102000	ASG Y	MOA	
1306898036	0407 040725	1	99214 25			219.00	82.43	0.00	0.00	CO-45	136.57 82.43
1306898036	0407 040725	1	96127 XU			40.00	2.98	0.00	0.00	CO-45	37.02 2.98
1306898036	0407 040725	1	G0446 XU			61.88	0.00	0.00	0.00	CO-96	61.88 0.00

REM: N174

1306898036	0407 040725	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0407 040725	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0407 040725	1	1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0407 040725	1	G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0407 040725	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0407 040725	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0407 040725	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0407 040725	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0407 040725	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0407 040725	1	1160F			0.00	0.00	0.00	0.00		0.00

PT RESP	0.00	CLAIM TOTALS	320.88	85.41	0.00	0.00		235.47	85.41
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE FILING CHARGE	0.00	NET	85.41		

STATUS CODE 1: Processed as Primary

NAME	SOTTOVIA, SARA		HIC 0088892571	ACNT	5698LMD642			ICN 437399102600	ASG Y	MOA	
1306898036	0407 040725	1	99214 25			219.00	82.43	0.00	0.00	CO-45	136.57 82.43
1306898036	0407 040725	1	G0447 XU			65.00	0.00	0.00	0.00	CO-96	65.00 0.00

REM: N174

1306898036	0407 040725	1	99401 33			65.00	24.50	0.00	0.00	CO-45	40.50 24.50
1306898036	0407 040725	1	3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0407 040725	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0407 040725	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0407 040725	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0407 040725	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0407 040725	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0407 040725	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0407 040725	1	1160F			0.00	0.00	0.00	0.00		0.00

PT RESP	0.00	CLAIM TOTALS	349.00	106.93	0.00	0.00		242.07	106.93
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE FILING CHARGE	0.00	NET	106.93		

STATUS CODE 1: Processed as Primary

NAME	TIMMER, SUZANNE		HIC 0032230696	ACNT	5696LMD642			ICN 437399102400	ASG Y	MOA	
1306898036	0407 040725	1	99214			219.00	0.00	0.00	0.00	CO-97	219.00 0.00
1306898036	0407 040725	1	96127 XU			40.00	2.98	0.00	0.00	CO-45	37.02 2.98
1306898036	0407 040725	1	82043 QW			14.70	4.78	0.00	0.00	CO-45	9.92 4.78
1306898036	0407 040725	1	82570 QW			17.85	4.29	0.00	0.00	CO-45	13.56 4.29
1306898036	0407 040725	1	G0446 XU			61.88	0.00	0.00	0.00	CO-96	61.88 0.00

REM: N174

1306898036	0407 040725	1	G0447 XU			65.00	0.00	0.00	0.00	CO-96	65.00 0.00
1306898036	0407 040725	1	99401 33			65.00	24.50	0.00	0.00	CO-45	40.50 24.50
1306898036	0407 040725	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0407 040725	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0407 040725	1	1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0407 040725	1	G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0407 040725	1	3060F			0.00	0.00	0.00	0.00		0.00

PT RESP	0.00	CLAIM TOTALS	483.43	36.55	0.00	0.00		446.88	36.55
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE FILING CHARGE	0.00	NET	36.55		

STATUS CODE 1: Processed as Primary

NAME	TIMMER, SUZANNE		HIC 0032230696	ACNT	5724LMD642			ICN 437491707200	ASG Y	MOA	
1306898036	0407 040725	1	99499			0.01	0.01	0.00	0.00		0.01
PT RESP	0.00	CLAIM TOTALS	0.01	0.01	0.00	0.00		0.00	0.01		0.01

ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE FILING CHARGE	0.00	NET	0.01		
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STATUS CODE 1: Processed as Primary



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25103B1000384156

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 3 of 3

REMITTANCE
ADVICE
DATE: 2025-04-17

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	CHACHULSKI, REBECCA		HIC	0059961701	ACNT	5688LMD642		ICN	437399101200	ASG Y	MOA
1013940584	0407	040725	1	99215	25	295.00	0.00	0.00	0.00	CO-16	295.00 0.00
1013940584	0407	040725	1	G0447	XU	65.00	0.00	0.00	0.00	CO-96	65.00 0.00
1013940584	0407	040725	1	99401	33	65.00	24.50	0.00	0.00	CO-45	40.50 24.50
1013940584	0407	040725	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00					425.00	24.50	0.00	0.00		400.50 24.50
ADJ TO TOTAL: PREV PD					INTEREST	0.00		LATE FILING CHARGE		0.00	NET 24.50
STATUS CODE 1: Processed as Primary											

NAME	MINAKER, CARTER		HIC	0014624208	ACNT	5716LMD642		ICN	437454841600	ASG Y	MOA
1013940584	0408	040825	1	99213		171.26	58.58	0.00	0.00	CO-45	112.68 58.58
PT RESP	0.00					171.26	58.58	0.00	0.00		112.68 58.58
ADJ TO TOTAL: PREV PD					INTEREST	0.00		LATE FILING CHARGE		0.00	NET 58.58
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
	9	2028.58	422.14	0.00	0.00	1606.44	422.14	0.00	422.14

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

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

M15 Separately billed services / tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

M76 Missing / incomplete / invalid diagnosis or condition.

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

N769 A lateral diagnosis is required.

