

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: 2025-08-21
 EFT #: 25229B1000302780
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ZAAGMAN, LANCE			HIC 94979899400		ACNT	7996LMD642	ICN 457020599700			ASG Y	MOA
1013940584	0725	072525	1	36415		20.00	15.22	0.00	0.00	CO-45	15.22
PT RESP			0.00	CLAIM TOTALS		20.00	15.22	0.00	0.00		15.22
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	15.22
STATUS CODE 1: Processed as Primary											

NAME ZAAGMAN, LANCE			HIC 94979899400		ACNT	7997LMD642	ICN 457020600000			ASG Y	MOA
1013940584	0716	071625	1	99203	25	218.00	132.81	132.81	0.00	CO-45	0.00
1013940584	0716	071625	1	10060		262.90	183.31	183.31	0.00	CO-45	0.00
1013940584	0716	071625	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0716	071625	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP			316.12	CLAIM TOTALS		480.90	316.12	316.12	0.00		0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	0.00
STATUS CODE 1: Processed as Primary											

NAME ZAAGMAN, LANCE			HIC 94979899400		ACNT	7999LMD642	ICN 457020600700			ASG Y	MOA
1013940584	0725	072525	1	99396	25	327.00	0.00	0.00	0.00	CO-97	0.00
REM: N525											
1013940584	0725	072525	1	G0136	33	65.00	27.10	0.00	0.00	CO-45	27.10
1013940584	0725	072525	2	96127	XU	80.00	18.85	0.00	0.00	CO-45	18.85
1013940584	0725	072525	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0725	072525	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0725	072525	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0725	072525	1	1036F		0.00	0.00	0.00	0.00		0.00
1013940584	0725	072525	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP			0.00	CLAIM TOTALS		472.00	45.95	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	45.95
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
	3	972.90	377.29	316.12	0.00	595.61	61.17	0.00	61.17

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 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
 N525 These services are not covered when performed within the global period of another service.
 PR-1 Deductible Amount

