

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: 2025-08-07
 EFT #: 25215B1000358615
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	GESINK, DANIEL		HIC 94761653800	ACNT	7699LMD642			ICN 456255124700	ASG Y	MOA	
1013940584	0217	021725	1 36415			20.00	15.09	0.00	0.00	CO-45	15.09
PT RESP	0.00		CLAIM TOTALS			20.00	15.09	0.00	0.00		15.09
ADJ TO TOTAL:	PREV PD		INTEREST			0.00		LATE FILING CHARGE		0.00	15.09
STATUS CODE 1: Processed as Primary											

NAME	GESINK, DANIEL	HIC	94761653800	ACNT	7700LMD642	ICN	456255125300	ASG	Y	MOA
1013940584	0702	070225	1 99214	25		219.00	152.63	152.63	0.00	CO-45
1013940584	0702	070225	1 73030			69.30	0.00	0.00	0.00	CO-4
1013940584	0702	070225	1 3074F			0.00	0.00	0.00	0.00	
1013940584	0702	070225	1 3079F			0.00	0.00	0.00	0.00	
1013940584	0702	070225	1 3008F			0.00	0.00	0.00	0.00	
1013940584	0702	070225	1 2001F			0.00	0.00	0.00	0.00	
1013940584	0702	070225	1 2000F			0.00	0.00	0.00	0.00	
1013940584	0702	070225	1 1000F			0.00	0.00	0.00	0.00	
1013940584	0702	070225	1 1159F			0.00	0.00	0.00	0.00	
1013940584	0702	070225	1 1160F			0.00	0.00	0.00	0.00	
PT RESP	152.63		CLAIM TOTALS			288.30	152.63	152.63	0.00	
ADJ TO TOTAL:	PREV PD		INTEREST			0.00		LATE FILING CHARGE		0.00
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
	2	308.30	167.72	152.63	0.00	140.58	15.09	0.00	15.09

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-1 Deductible Amount

