

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 #: 25159B1000358622
 TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME HONDERD, KURT				HIC	94976602400	ACNT	6780LMD642	ICN 446697727100		ASG Y	MOA			
1013940584	0604	060425		1	99213			146.00	108.22	0.00	0.00	CO-45 PR-3	37.78 20.00	88.22
1013940584	0604	060425		1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0604	060425		1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0604	060425		1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0604	060425		1	G0447 XU			65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1013940584	0604	060425		1	99401 25			65.00	54.70	0.00	0.00	CO-45	10.30	54.70
1013940584	0604	060425		1	G0446 XU			65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1013940584	0604	060425		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0604	060425		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0604	060425		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0604	060425		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0604	060425		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0604	060425		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	20.00				CLAIM TOTALS			341.00	225.44	0.00	0.00		135.56	205.44
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	205.44
STATUS CODE 1: Processed as Primary														

NAME KOTMAN, BETHANY			HIC 94976597900	ACNT 6689LMD642	ICN 446459609200			ASG Y	MOA	
1013940584	0529	052925	1 99214	219.00	0.00	0.00	0.00	CO-16	219.00	0.00
REM: N769										
1013940584	0529	052925	1 3078F	0.00	0.00	0.00	0.00			0.00
1013940584	0529	052925	1 3074F	0.00	0.00	0.00	0.00			0.00
1013940584	0529	052925	1 1160F	0.00	0.00	0.00	0.00			0.00
1013940584	0529	052925	1 2000F	0.00	0.00	0.00	0.00			0.00
1013940584	0529	052925	1 1159F	0.00	0.00	0.00	0.00			0.00
1013940584	0529	052925	1 2001F	0.00	0.00	0.00	0.00			0.00
1013940584	0529	052925	1 3008F	0.00	0.00	0.00	0.00			0.00
1013940584	0529	052925	1 2010F	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 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	560.00	225.44	0.00	0.00	354.56	205.44	0.00	205.44

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.
 N769 A lateral diagnosis is required.
 PR-3 Co-payment Amount

