

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 6
DATE: 2025-06-12
EFT #: 25159B1000094337
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME NGUYEN, NALY			HIC 94957631601	ACNT 5273LMD642	ICN 436284326000		ASG Y	MOA			
1306898036	0314	031425	-1 99214		-219.00	-151.33	0.00	0.00	CO-45	-67.67	-101.33
									PR-3	-50.00	
1306898036	0314	031425	-1 G2211		-25.00	0.00	0.00	0.00	CO-97	-25.00	0.00
1306898036	0314	031425	-1 3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0314	031425	-1 3078F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		-244.00	-151.33	0.00	0.00		-142.67	-101.33
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE		0.00	NET	-101.33
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 22: Reversal of Previous Payment											

NAME NGUYEN, NALY			HIC 94957631601	ACNT 5273LMD642	ICN 436284326001		ASG Y	MOA			
1306898036	0314	031425	1 99214		219.00	151.33	0.00	0.00	CO-45	67.67	121.33
									PR-3	30.00	
1306898036	0314	031425	1 G2211		25.00	0.00	0.00	0.00	CO-97	25.00	0.00
1306898036	0314	031425	1 3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0314	031425	1 3078F		0.00	0.00	0.00	0.00			0.00
PT RESP	30.00		CLAIM TOTALS		244.00	151.33	0.00	0.00		122.67	121.33
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE		0.00	NET	121.33
STATUS CODE 1: Processed as Primary											

NAME NGUYEN, THANG			HIC 94957631600	ACNT 6063LMD642	ICN 444962800400		ASG Y	MOA			
1306898036	0425	042525	-1 99214 25		-219.00	-152.63	0.00	0.00	CO-45	-66.37	-102.63
									PR-3	-50.00	
1306898036	0425	042525	-1 99401 33		0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	-1 G0446 XU		-65.00	-31.26	0.00	0.00	CO-45	-33.74	-31.26
1306898036	0425	042525	-1 3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	-1 3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	-1 G8420		0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	-1 G8427		0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	-1 3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	-1 2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	-1 2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	-1 1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	-1 1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	-1 1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		-284.00	-183.89	0.00	0.00		-150.11	-133.89
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE		0.00	NET	-133.89
STATUS CODE 22: Reversal of Previous Payment											

NAME NGUYEN, THANG			HIC 94957631600	ACNT 6063LMD642	ICN 444962800401		ASG Y	MOA			
1306898036	0425	042525	1 99214 25		219.00	152.63	0.00	0.00	CO-45	66.37	122.63
									PR-3	30.00	
1306898036	0425	042525	1 99401 33		0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1 G0446 XU		65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1306898036	0425	042525	1 3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1 3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1 G8420		0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1 G8427		0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1 3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1 2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1 2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1 1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1 1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1 1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	30.00		CLAIM TOTALS		284.00	183.89	0.00	0.00		130.11	153.89
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE		0.00	NET	153.89
STATUS CODE 1: Processed as Primary											



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25159B1000094337

TIMOTHY J TOBOLIC MD PLLC [900068405]
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REMITTANCE
ADVICE
DATE: 2025-06-12

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME THURKETTLE, WENDY			HIC	94737169500	ACNT	6162LMD642	ICN 445164237600		ASG Y		MOA	
1306898036	1119	111924	1	90471			41.00	0.00	0.00	0.00	OA-18	41.00 0.00
PT RESP			0.00	CLAIM TOTALS			41.00	0.00	0.00	0.00		41.00 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 1: Processed as Primary												

NAME VANHARN, BRYAN			HIC	94967151500	ACNT	6258LMD642	ICN 445265001600		ASG Y		MOA	
INSURED NAME: VAN HARN, BRYAN												
1306898036	1023	102324	1	90656			35.00	0.00	0.00	0.00	CO-16	35.00 0.00
PT RESP			0.00	CLAIM TOTALS			35.00	0.00	0.00	0.00		35.00 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 WILSON, BECKY			HIC	95000151900	ACNT	6783LMD642	ICN 446697729000		ASG Y		MOA	
1306898036	0604	060425	1	99396	25		327.00	172.48	0.00	0.00	CO-45	154.52 172.48
1306898036	0604	060425	1	36415			20.00	15.22	0.00	0.00	CO-45	4.78 15.22
1306898036	0604	060425	1	G0447	XU		65.00	31.26	0.00	0.00	CO-45	33.74 31.26
1306898036	0604	060425	1	G0446	XU		65.00	31.26	0.00	0.00	CO-45	33.74 31.26
1306898036	0604	060425	1	G0136	33		65.00	27.10	0.00	0.00	CO-45	37.90 27.10
1306898036	0604	060425	1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00 0.00
				REM: M51								
1306898036	0604	060425	1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45 0.00
				REM: M51								
1306898036	0604	060425	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0604	060425	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0604	060425	1	G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0604	060425	1	G8510			0.00	0.00	0.00	0.00		0.00
PT RESP			0.00	CLAIM TOTALS			601.45	277.32	0.00	0.00		324.13 277.32
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET 277.32
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												

NAME CALEY, LYNNE			HIC	94889563801	ACNT	4485LMD642	ICN 436645413800		ASG Y		MOA	
1013940584	0129	012925	-1	G0439			-361.00	0.00	0.00	0.00	CO-16	-361.00 0.00
				REM: M51								
1013940584	0129	012925	-1	99213	25		-171.26	-107.30	0.00	0.00	CO-45	-63.96 -72.30
				PR-3								
1013940584	0129	012925	-1	G0444	XU		-29.45	0.00	0.00	0.00	CO-16	-29.45 0.00
				REM: M51								
1013940584	0129	012925	-1	G0442	XU		-30.00	0.00	0.00	0.00	CO-16	-30.00 0.00
				REM: M51								
1013940584	0129	012925	-1	G2211			-25.00	0.00	0.00	0.00	CO-97	-25.00 0.00
1013940584	0129	012925	-1	G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	1158F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	G8510			0.00	0.00	0.00	0.00		0.00
PT RESP			0.00	CLAIM TOTALS			-616.71	-107.30	0.00	0.00		-544.41 -72.30
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET -72.30
PLAN TYPE: COREWELL HEALTH EMP GRP												
STATUS CODE 22: Reversal of Previous Payment												



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25159B1000094337TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 3 of 6REMITTANCE
ADVICE
DATE: 2025-06-12

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CALEY, LYNNE			HIC 94889563801		ACNT	4485LMD642	ICN 445305522900		ASG Y		MOA	
1013940584	0129	012925	1	G0439			361.00	0.00	0.00	0.00	CO-16	361.00 0.00
						REM: M51						
1013940584	0129	012925	1	99213	25		171.26	107.30	0.00	0.00	CO-45	63.96 72.30
											PR-3	35.00
1013940584	0129	012925	1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45 0.00
						REM: M51						
1013940584	0129	012925	1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00 0.00
						REM: M51						
1013940584	0129	012925	1	G2211			25.00	0.00	0.00	0.00	CO-97	25.00 0.00
1013940584	0129	012925	1	G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1	1158F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1	G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	35.00		CLAIM TOTALS				616.71	107.30	0.00	0.00		544.41 72.30
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 72.30
PLAN TYPE: COREWELL HEALTH EMP GRP												
STATUS CODE 1: Processed as Primary												

NAME DEWEERD, JARED			HIC 94912016300		ACNT	6826LMD642	ICN 446764062500		ASG Y		MOA	
1013940584	0115	011525	1	90715			87.00	0.00	0.00	0.00	OA-18	87.00 0.00
1013940584	0115	011525	1	90471			41.00	0.00	0.00	0.00	OA-18	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 0.00
PLAN TYPE: WEST MI PARTNERS												
STATUS CODE 1: Processed as Primary												

NAME FIFIELD, ANDREW			HIC 94921754000		ACNT	6262LMD642	ICN 445264999100		ASG Y		MOA	
1013940584	0508	050825	1	99213	25		146.00	108.22	0.00	0.00	CO-45	37.78 73.22
											PR-3	35.00
1013940584	0508	050825	1	G0447	XU		65.00	31.26	0.00	0.00	CO-45	33.74 31.26
1013940584	0508	050825	1	99401	25		65.00	54.70	0.00	0.00	CO-45	10.30 54.70
1013940584	0508	050825	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0508	050825	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0508	050825	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0508	050825	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0508	050825	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0508	050825	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0508	050825	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0508	050825	1	3079F			0.00	0.00	0.00	0.00		0.00
PT RESP	35.00		CLAIM TOTALS				276.00	194.18	0.00	0.00		116.82 159.18
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 159.18
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												

NAME FRANCIS, MATTHEW			HIC 94837877700		ACNT	6799LMD642	ICN 446697734600		ASG Y		MOA	
1013940584	0604	060425	1	99213			146.00	108.22	0.00	0.00	CO-45	37.78 73.22
											PR-3	35.00
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	35.00		CLAIM TOTALS				146.00	108.22	0.00	0.00		72.78 73.22
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 73.22
PLAN TYPE: COREWELL HEALTH EMP GRP												
STATUS CODE 1: Processed as Primary												



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25159B1000094337TIMOTHY J TOBOLIC MD PLLC [900068405]
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ADVICE
DATE: 2025-06-12

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HOFF, BRIAN			HIC	94719893100	ACNT	6798LMD642			ICN	446697733700	ASG Y	MOA
1013940584	0604	060425	1	99396	25		327.00	0.00	0.00	0.00	CO-16	327.00 0.00
REM: M76												
1013940584	0604	060425	1	G0136	33		65.00	27.10	0.00	0.00	CO-45	37.90 27.10
1013940584	0604	060425	1	36415			20.00	15.22	0.00	0.00	CO-45	4.78 15.22
1013940584	0604	060425	1	99406			23.00	20.94	0.00	0.00	CO-45	2.06 20.94
1013940584	0604	060425	1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00 0.00
REM: M51												
1013940584	0604	060425	1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45 0.00
REM: M51												
1013940584	0604	060425	1	0513F			0.00	0.00	0.00	0.00		0.00
1013940584	0604	060425	1	G8417			0.00	0.00	0.00	0.00		0.00
1013940584	0604	060425	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0604	060425	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0604	060425	1	3080F			0.00	0.00	0.00	0.00		0.00
1013940584	0604	060425	1	G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM	TOTALS		494.45	63.26	0.00	0.00		431.19 63.26
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 63.26
STATUS CODE 1: Processed as Primary												

NAME NICASTRO, GIUSEPPE			HIC	94849836600	ACNT	6807LMD642			ICN	446747765500	ASG Y	MOA
1013940584	0605	060525	1	99396	25		327.00	0.00	0.00	0.00	CO-16	327.00 0.00
REM: N769												
1013940584	0605	060525	1	G0136	33		34.80	27.10	0.00	0.00	CO-45	7.70 27.10
1013940584	0605	060525	1	36415			20.00	0.00	0.00	0.00	CO-16	20.00 0.00
REM: N769												
1013940584	0605	060525	1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00 0.00
REM: M51												
1013940584	0605	060525	1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45 0.00
REM: M51												
1013940584	0605	060525	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0605	060525	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0605	060525	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0605	060525	1	G9621			0.00	0.00	0.00	0.00		0.00
1013940584	0605	060525	1	1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0605	060525	1	G8476			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM	TOTALS		441.25	27.10	0.00	0.00		414.15 27.10
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 27.10
STATUS CODE 1: Processed as Primary												

NAME ROSE, ALAN			HIC	94721411400	ACNT	6823LMD642			ICN	446764062200	ASG Y	MOA
1013940584	0606	060625	1	99214	25		219.00	152.63	0.00	0.00	CO-45	66.37 132.63
PR-3 20.00												
1013940584	0606	060625	1	83036	QW		60.90	10.23	0.00	0.00	CO-45	50.67 10.23
1013940584	0606	060625	1	G0447	XU		65.00	31.26	0.00	0.00	CO-45	33.74 31.26
1013940584	0606	060625	1	99401	25		65.00	54.70	0.00	0.00	CO-45	10.30 54.70
1013940584	0606	060625	1	G0446	XU		65.00	31.26	0.00	0.00	CO-45	33.74 31.26
1013940584	0606	060625	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0606	060625	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0606	060625	1	G8476			0.00	0.00	0.00	0.00		0.00
1013940584	0606	060625	1	G8417			0.00	0.00	0.00	0.00		0.00
1013940584	0606	060625	1	G8427			0.00	0.00	0.00	0.00		0.00
1013940584	0606	060625	1	3052F			0.00	0.00	0.00	0.00		0.00
1013940584	0606	060625	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0606	060625	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0606	060625	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0606	060625	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0606	060625	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0606	060625	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	20.00			CLAIM	TOTALS		474.90	280.08	0.00	0.00		214.82 260.08
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 260.08
STATUS CODE 1: Processed as Primary												

NAME SHOEMAKER, CASSIE			HIC	94713560900	ACNT	6228LMD642			ICN	445305524900	ASG Y	MOA
1013940584	0116	011625	1	99499			0.01	0.01	0.01	0.00		0.00
1013940584	0116	011625	1	G9899			0.00	0.00	0.00	0.00		0.00
PT RESP	0.01			CLAIM	TOTALS		0.01	0.01	0.01	0.00		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 1: Processed as Primary												



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25159B1000094337

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 5 of 6

REMITTANCE
ADVICE
DATE: 2025-06-12

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SLACHTER, STEVEN			HIC	94817037400	ACNT	1768LMD642	ICN 444780869100		ASG Y		MOA	
1013940584	0819	081924	-1	99395	25		-297.00	0.00	0.00	0.00	CO-96	-297.00 0.00
REM: N640												
1013940584	0819	081924	-1	36415			-15.00	0.00	0.00	0.00	OA-18	-15.00 0.00
1013940584	0819	081924	-1	96127	XU		-40.00	0.00	0.00	0.00	OA-18	-40.00 0.00
1013940584	0819	081924	-1	96127	XU		-40.00	0.00	0.00	0.00	OA-18	-40.00 0.00
1013940584	0819	081924	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	-1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	-1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	-1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	-1	2000F			0.00	0.00	0.00	0.00		0.00
PT RESP 0.00			CLAIM TOTALS				-392.00	0.00	0.00	0.00		-392.00 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 SLACHTER, STEVEN			HIC	94817037400	ACNT	1768LMD642	ICN 445305522800		ASG Y		MOA	
1013940584	0819	081924	1	99214	25		247.32	138.62	0.00	0.00	CO-45	108.70 108.62
PR-3 30.00												
1013940584	0819	081924	1	36415			15.00	0.00	0.00	0.00	OA-18	15.00 0.00
1013940584	0819	081924	1	96127	XU		40.00	0.00	0.00	0.00	OA-18	40.00 0.00
1013940584	0819	081924	1	96127	XU		40.00	0.00	0.00	0.00	OA-18	40.00 0.00
1013940584	0819	081924	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	2000F			0.00	0.00	0.00	0.00		0.00
PT RESP 30.00			CLAIM TOTALS				342.32	138.62	0.00	0.00		233.70 108.62
ADJ TO TOTAL: PREV PD			INTEREST				0.00		LATE FILING CHARGE		0.00	NET 108.62
STATUS CODE 1: Processed as Primary												

NAME VANFLEET, PETER			HIC	94997671900	ACNT	6745LMD642	ICN 446645481100		ASG Y		MOA	
1013940584	0602	060225	1	36415			20.00	15.22	0.00	0.00	CO-45	4.78 15.22
PT RESP 0.00			CLAIM TOTALS				20.00	15.22	0.00	0.00		4.78 15.22
ADJ TO TOTAL: PREV PD			INTEREST				0.00		LATE FILING CHARGE		0.00	NET 15.22
PLAN TYPE: MY PRIORITY HMO												
STATUS CODE 1: Processed as Primary												

NAME WEISS, JOHN			HIC	94850153600	ACNT	6095LMD642	ICN 446747764800		ASG Y		MOA	
1013940584	0417	041725	1	G0402	25		361.00	231.51	0.00	0.00	CO-45	129.49 231.51
1013940584	0417	041725	1	G0136	33		65.00	27.10	0.00	0.00	CO-45	37.90 27.10
1013940584	0417	041725	1	36415			20.00	15.22	0.00	0.00	CO-45	4.78 15.22
1013940584	0417	041725	1	G2211			25.00	0.00	0.00	0.00	CO-97	25.00 0.00
1013940584	0417	041725	1	G0444	XU		29.45	0.00	0.00	0.00	CO-97	29.45 0.00
REM: N19												
1013940584	0417	041725	1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00 0.00
REM: M51												
1013940584	0417	041725	1	0513F			0.00	0.00	0.00	0.00		0.00
1013940584	0417	041725	1	G8417			0.00	0.00	0.00	0.00		0.00
1013940584	0417	041725	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0417	041725	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0417	041725	1	G9621			0.00	0.00	0.00	0.00		0.00
1013940584	0417	041725	1	2028F			0.00	0.00	0.00	0.00		0.00
1013940584	0417	041725	1	G8510			0.00	0.00	0.00	0.00		0.00
PT RESP 0.00			CLAIM TOTALS				530.45	273.83	0.00	0.00		256.62 273.83
ADJ TO TOTAL: PREV PD			INTEREST				0.00		LATE FILING CHARGE		0.00	NET 273.83
STATUS CODE 1: Processed as Primary												

NAME SIDLAUSKAS, THOMAS			HIC	94711734100	ACNT	6717LMD642	ICN 446535235900		ASG Y		MOA	
1306898036	0602	060225	1	98967			46.82	0.00	0.00	0.00	CO-96	46.82 0.00
REM: N448												
PT RESP 0.00			CLAIM TOTALS				46.82	0.00	0.00	0.00		46.82 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												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	21	3185.65	1377.84	0.01	0.00	1887.81	1297.83	0.00	1297.83

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).



PRIORITY HEALTH

REMITTANCE

NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC [900068405] ADVICE
EFT #: 25159B1000094337 PAGE #: 6 of 6 DATE: 2025-06-12
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.
N152 Missing / incomplete / invalid replacement claim information.
N19 Procedure code incidental to primary procedure.
N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement
N640 Exceeds number / frequency approved / allowed within time period.
N769 A lateral diagnosis is required.
OA-18 Duplicate claim / service.
PR-1 Deductible Amount
PR-3 Co-payment Amount

