PRIORITY HEALTH [] 1231 E. BELTLINE NE GRAND RAPIDS, MI 49525 (000)000-0000

TIMOTHY J TOBOLIC MD PLLC [900068405]

7740 BYRON CENTER AVE SW

BYRON CENTER, MI 49315

NPI #: 1982923660

PAGE #: 1 of 3

DATE: 2025-04-24

EFT #: 25103B1000295367

TAX ID #: 272620668

REND PROV	SERV DATE	POS I	NOS	PROC	C MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	AMT	PROV PD
NAME GRAY,	WENDY		HIC	94730	0830301	ACNT	1158LMD642	2	ICN 40	60124371	00 ASC	Y MOA	
1013940584	0717 071724		-1	99214			-219.00	0.00	0.00	0.00	CO-97	-219.00	0.00
					REM: N	19							
1013940584	0717 071724		-1	99406			-23.00	0.00	0.00	0.00	CO-16	-23.00	0.00
					REM: M	76							
1013940584	0717 071724		-1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0717 071724		-1	3078F			0.00	0.00	0.00	0.00			0.00
	0717 071724			1159F			0.00	0.00	0.00	0.00			0.00
	0717 071724			2000F			0.00	0.00	0.00	0.00			0.00
	0717 071724			1160F			0.00	0.00	0.00	0.00			0.00
	0717 071724			3008F			0.00	0.00	0.00	0.00			0.00
	0717 071721			2001F			0.00	0.00	0.00	0.00			0.00
	0717 071724			1000F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		-1		TOTALS		-242.00	0.00	0.00	0.00		-242.00	0.00
ADJ TO TOTA				CDAIM	INTER	TO CO	0.00				0.00	NET	0.00
		-1 -6	-			EST	0.00	LATE	FILING C	HARGE	0.00	NET	0.00
STATUS CODE	E 22: Revers	aı or	Pre	vious	Payment								
NAME GRAY,	WENDY		HIC	94730	0830301	ACNT	1158LMD642	2	ICN 40	66494348	00 ASC	Y MOA	
•	0717 071724			99214			-219.00	0.00	0.00	0.00	CO-16	-219.00	0.00
	*		_		REM: N	152							
1013940584	0717 071724		-1	99406	11222		-23.00	0.00	0.00	0.00	CO-16	-23.00	0.00
1010710001	0,1, 0,1,21		_	JJ 100	REM: N	152	23.00	0.00	0.00	0.00	00 10	23.00	0.00
1013940584	0717 071724		-1	3075F	102221		0.00	0.00	0.00	0.00			0.00
	0717 071724			3078F			0.00	0.00	0.00	0.00			0.00
	0717 071724			1159F			0.00	0.00	0.00	0.00			0.00
	0717 071724			2000F			0.00	0.00	0.00	0.00			0.00
	0717 071724			1160F			0.00	0.00	0.00	0.00			0.00
	0717 071724												
				3008F			0.00	0.00	0.00	0.00			0.00
	0717 071724			2001F			0.00	0.00	0.00	0.00			0.00
	0717 071724			1000F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS		-242.00	0.00	0.00	0.00		-242.00	0.00
ADJ TO TOTA		_		_	INTER	EST	0.00	LATE	FILING C	HARGE	0.00	NET	0.00
STATUS CODE	E 22: Revers	al of	Pre	vious	Payment								
NAME GRAY,	WENDY		HIC	94730	0830301	ACNT	1158LMD642	2	ICN 41	51554851	00 ASC	Y MOA	
1013940584	0717 071724		-1	99214	25		-219.00	0.00	0.00	0.00	CO-16	-219.00	0.00
					REM: N	152							
1013940584	0717 071724		-1	99406			-23.00	0.00	0.00	0.00	CO-16	-23.00	0.00
					REM: N	152							
1013940584	0717 071724		-1	3075F			0.00	0.00	0.00	0.00			0.00
	0717 071724			3078F			0.00	0.00	0.00	0.00			0.00
	0717 071721			1159F			0.00	0.00	0.00	0.00			0.00
	0717 071724			2000F			0.00	0.00	0.00	0.00			0.00
	0717 071724			1160F			0.00	0.00	0.00	0.00			0.00
	0717 071724			3008F			0.00	0.00	0.00	0.00			0.00
	0717 071724			2001F			0.00	0.00	0.00	0.00			0.00
				1000F									
	0717 071724		-1		попат с		0.00	0.00	0.00	0.00		242.02	0.00
PT RESP	0.00			CLAIM	TOTALS	-a-	-242.00	0.00	0.00	0.00		-242.00	0.00
ADJ TO TOTA		, .	_		INTER	EST	0.00	LATE	FILING C	HARGE	0.00	NET	0.00
STATUS CODE	E 22: Revers	aı of	Pre	vious	Payment								



PRIORITY HEALTH REMITTANCE

NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC [900068405] ADVICE EFT #: 25103B1000295367 PAGE #: 2 of 3 DATE: 2025-04-24

REND PROV SE	ERV DATE	POS	MOG	PRO	C MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	мт	PROV PD
												PROV PD
NAME GRAY, WE					0830301 ACNT				174049941			
1013940584 07	717 071724		-1	99214		-219.00	0.00	0.00	0.00	CO-16	-219.00	0.00
					REM: N152							
1013940584 07	717 071724		-1	99406		-23.00	0.00	0.00	0.00	CO-16	-23.00	0.00
					REM: N152							
1013940584 07	717 071724		-1	3075F		0.00	0.00	0.00	0.00			0.00
1013940584 07	717 071724		-1	3078F		0.00	0.00	0.00	0.00			0.00
1013940584 07	717 071724		-1	1159F		0.00	0.00	0.00	0.00			0.00
1013940584 07	717 071724		-1	2000F		0.00	0.00	0.00	0.00			0.00
1013940584 07				1160F		0.00	0.00	0.00	0.00			0.00
1013940584 07				3008F		0.00	0.00	0.00	0.00			0.00
1013940584 07				2001F		0.00	0.00	0.00	0.00			0.00
1013940584 07				1000F		0.00	0.00	0.00				0.00
			-1		momat d				0.00		242 00	
	0.00			CLAIM	TOTALS	-242.00	0.00	0.00	0.00		-242.00	0.00
ADJ TO TOTAL:			_		INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS CODE 2	22: Reversa	al of	Pre	evious	Payment							
NAME GRAY, WE	ENDY		HIC	94730	0830301 ACNI	' 1158LMD642			1261042667	00 ASG		
1013940584 07	717 071724		-1	99214	25	-219.00	0.00	0.00	0.00	CO-16	-219.00	0.00
					REM: N152							
1013940584 07	717 071724		-1	99406	33	-23.00	0.00	0.00	0.00	CO-16	-23.00	0.00
					REM: N152							
1013940584 07	717 071724		-1	3075F		0.00	0.00	0.00	0.00			0.00
1013940584 07				3078F		0.00	0.00	0.00	0.00			0.00
1013940584 07				1159F		0.00	0.00	0.00	0.00			0.00
1013940584 07				2000F		0.00	0.00	0.00	0.00			0.00
1013940584 07				1160F		0.00	0.00	0.00	0.00			0.00
1013940584 07				3008F		0.00	0.00	0.00	0.00			0.00
1013940584 07				2001F		0.00	0.00	0.00	0.00			0.00
1013940584 07			-1	1000F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS	-242.00	0.00	0.00	0.00		-242.00	0.00
ADJ TO TOTAL:	PREV PD				INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS CODE 2	22: Reversa	al of	Pre	evious	Payment							
NAME GRAY, WE	ENDY		HIC	94730	0830301 ACNT	1158LMD642		ICN 4	1266044566	00 ASG	Y MOA	
1013940584 07	717 071724		-1	99214		-219.00	0.00	0.00	0.00	CO-16	-219.00	0.00
					REM: N152							
1013940584 07	717 071724		-1	99406		-23.00	0.00	0.00	0.00	CO-16	-23.00	0.00
1013710301 07	11 011121		_	JJ 100	REM: N152	23.00	0.00	0.00	0.00	CO 10	23.00	0.00
1012040504 07	717 071724		- 1	207577	KEM: NIJZ	0 00	0 00	0 00	0 00			0 00
1013940584 07				3075F		0.00	0.00	0.00	0.00			0.00
1013940584 07				3078F		0.00	0.00	0.00	0.00			0.00
1013940584 07				1159F		0.00	0.00	0.00	0.00			0.00
1013940584 07			-1	2000F		0.00	0.00	0.00	0.00			0.00
1013940584 07	717 071724		-1	1160F		0.00	0.00	0.00	0.00			0.00
1013940584 07	717 071724		-1	3008F		0.00	0.00	0.00	0.00			0.00
1013940584 07	717 071724		-1	2001F		0.00	0.00	0.00	0.00			0.00
1013940584 07				1000F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		_		TOTALS	-242.00	0.00	0.00	0.00		-242.00	0.00
ADJ TO TOTAL:					INTEREST	0.00		FILING		0.00	NET	0.00
STATUS CODE 2		1 of	Dre	37710118		0.00		111110	CILLICE	0.00	.,	0.00
DIMIOD CODE 2	ZZ. KCVCIBO	21 OI		VIOUB	1 dyment							
MAME CDAV III	ערואי		UTC	7 0472	0830301 ACNT	1158LMD642		TON A	345321958	00 ASG	Y MOA	
NAME GRAY, WE					DOSUSUI ACNI							0.00
1013940584 07	/1/ 0/1/24			99214		219.00	0.00	0.00	0.00	CO-97	219.00	0.00
			_		REM: N19							
1013940584 07				99406		23.00	19.81	0.00	0.00	CO-45	3.19	19.81
1013940584 07				3075F		0.00	0.00	0.00	0.00			0.00
1013940584 07			1	3078F		0.00	0.00	0.00	0.00			0.00
1013940584 07	717 071724		1	1159F		0.00	0.00	0.00	0.00			0.00
1013940584 07	717 071724			2000F		0.00	0.00	0.00	0.00			0.00
1013940584 07				1160F		0.00	0.00	0.00	0.00			0.00
1013940584 07				3008F		0.00	0.00	0.00	0.00			0.00
1013940584 07				2001F		0.00	0.00	0.00	0.00			0.00
1013940584 07								0.00	0.00			
			Τ.	1000F	TOTAL C	0.00	0.00				222 10	0.00
PT RESP	0.00			CLAIM	TOTALS	242.00	19.81	0.00	0.00		222.19	19.81
ADJ TO TOTAL:					INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	19.81
STATUS CODE 1	: Processe	ed as	Pri	ımary								



PRIORITY HEALTH REMITTANCE

NPI #: 1982923660 EFT #: 25103B1000295367 TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 3 of 3 ADVICE DATE: 2025-04-24

REND PROV	SERV DATE	POS NOS	PROC MOI	os	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PD
NAME KOSTE	ER, JEFFRY	HI	C 9473927870	ACNT	5683LMD6	42	ICN 4	373991006	00 ASG	Y MOA	
INSURED NA	ME: KOSTER,	JEFF									
1013940584	0228 022825	; 1	99386		388.00	195.79	0.00	0.00	CO-45	192.21	195.79
1013940584	0228 022825	5 1	99214 25		219.00	144.12	144.12	0.00	CO-45	74.88	0.00
1013940584	0228 022825	5 1	. 96127 XU		40.00	9.34	0.00	0.00	CO-45	30.66	9.34
1013940584	0228 022825	5 1	96160 XU		5.30	5.30	0.00	0.00			5.30
	0228 022825		G0136 33		34.80	25.59	0.00	0.00	CO-45	9.21	25.59
	0228 022825		36415		20.00	15.09	0.00	0.00	CO-45	4.91	15.09
	0228 022825		. G0447 XU		0.00	0.00	0.00	0.00			0.00
	0228 022825		99401 33		0.00	0.00	0.00	0.00			0.00
	0228 022825		97802		26.00	0.00	0.00	0.00	CO-97	26.00	0.00
1013340304	0220 02202	, -	REM:	NT1 Q	20.00	0.00	0.00	0.00	CO-31	20.00	0.00
101304050/	0228 022825	. 1	. 0513F	NIJ	0.00	0.00	0.00	0.00			0.00
	0228 022825		. G9621		0.00	0.00		0.00			
							0.00				0.00
	1 0228 022825) 1	. G8510	_	0.00	0.00	0.00	0.00		225 25	0.00
PT RESP	144.12		CLAIM TOTALS		733.10	395.23	144.12	0.00		337.87	251.11
	TAL: PREV PD	_		EREST	0.00	LATE	FILING	CHARGE	0.00	NET	251.11
STATUS COL	DE 1: Process	ed as Pr	rimary								
NAME KOSTE	ER, JEFFRY	HI	C 9473927870	ACNT	5684LMD6	42	ICN 4	3739910080	00 ASG	Y MOA	
INSURED NA	ME: KOSTER,	JEFF									
1013940584	0321 032125	5 1	99214 25		219.00	144.12	144.12	0.00	CO-45	74.88	0.00
	0321 032125		97803		59.34	0.00	0.00	0.00	CO-97	59.34	0.00
		_	REM:	พ19							
1013940584	0321 032125	. 1	. G0447 XU		65.00	30.99	0.00	0.00	CO-45	34.01	30.99
	0321 032125		99401 33		65.00	51.65	0.00	0.00	CO-45	13.35	51.65
	0321 032125		. G0446 XU		61.88	30.99	0.00	0.00	CO-45	30.89	30.99
	0321 032125		. 3077F		0.00	0.00	0.00	0.00	CO 13	30.03	0.00
	0321 032125		. 3080F		0.00	0.00	0.00	0.00			0.00
	0321 032125		. 3000F		0.00	0.00	0.00	0.00			0.00
	0321 032125		. 2001F		0.00	0.00	0.00	0.00			0.00
	0321 032125		2000F		0.00	0.00	0.00	0.00			0.00
	0321 032125		1000F		0.00	0.00	0.00	0.00			0.00
	0321 032125		. 1159F		0.00	0.00	0.00	0.00			0.00
	0321 032125	5 1	. 1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	144.12		CLAIM TOTALS		470.22	257.75	144.12	0.00		212.47	113.63
	TAL: PREV PD			EREST	0.00	LATE	FILING	CHARGE	0.00	NET	113.63
STATUS COL	DE 1: Process	ed as Pr	rimary								
TOTALS:	# OF E	BILLED	ALLOWED	DED	UCT	COINS	TOTAL	PROV 1	PD	PROV	CHECK
	CLAIMS	AMT	AMT	AM	T	AMT	RC-AMT	AMT	Z	DJ AMT	AMT
	9	-6.68	672.79		8.24	0.00	-679.4			0.00	384.55
	GROUP, REAS		REMARK AND I			d for adju	dication	. Check Re	emittance	Remark Co	des for

CO-45 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
Missing / incomplete / invalid diagnosis or condition.
Missing / incomplete / invalid replacement claim information.
Procedure code incidental to primary procedure.

M76

N152

N19

PR-1 Deductible Amount

