

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: 2025-04-03
 EFT #: 25082B1000328207
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME PELTON, MATTHEW			HIC 94983363601	ACNT	3513LMD642	ICN 426345359500			ASG Y	MOA	
1013940584	1211	121124	-1 99213	25		-175.02	-98.03	-98.03	0.00	CO-45	-76.99 0.00
1013940584	1211	121124	-1 99406	33		-23.00	0.00	0.00	0.00	CO-97	-23.00 0.00
					REM: N19						
1013940584	1211	121124	-1 36415			-15.00	0.00	0.00	0.00	CO-16	-15.00 0.00
					REM: M76						
1013940584	1211	121124	-1 90656			-35.00	-22.35	0.00	0.00	CO-45	-12.65 -22.35
1013940584	1211	121124	-1 90471			-41.00	-28.11	0.00	0.00	CO-45	-12.89 -28.11
1013940584	1211	121124	-1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1211	121124	-1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1211	121124	-1 99395			-297.00	0.00	0.00	0.00	CO-A1	-297.00 0.00
					REM: M15						
1013940584	1211	121124	11 99395			-297.00	0.00	0.00	0.00	OA-97	-297.00 0.00
PT RESP	0.00		CLAIM TOTALS			-883.02	-148.49	-98.03	0.00		-734.53 -50.46
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE	0.00		NET	-50.46
STATUS CODE 22: Reversal of Previous Payment											

NAME PELTON, MATTHEW			HIC 94983363601	ACNT	3513LMD642	ICN 434850141800		ASG Y	MOA		
1013940584	1211	121124	1 99395		297.00	158.40	0.00	0.00	CO-45	138.60	158.40
1013940584	1211	121124	1 99213	25	175.02	98.03	98.03	0.00	CO-45	76.99	0.00
1013940584	1211	121124	1 99406		23.00	0.00	0.00	0.00	CO-97	23.00	0.00
REM: N19											
1013940584	1211	121124	1 36415		15.00	13.98	0.00	0.00	CO-45	1.02	13.98
1013940584	1211	121124	1 G0442	XU	30.00	0.00	0.00	0.00	CO-16	30.00	0.00
REM: M51											
1013940584	1211	121124	1 G0444	33	29.45	0.00	0.00	0.00	CO-16	29.45	0.00
REM: M51											
1013940584	1211	121124	1 90656		35.00	22.35	0.00	0.00	CO-45	12.65	22.35
1013940584	1211	121124	1 90471		41.00	28.11	0.00	0.00	CO-45	12.89	28.11
1013940584	1211	121124	1 3074F		0.00	0.00	0.00	0.00			0.00
1013940584	1211	121124	1 3078F		0.00	0.00	0.00	0.00			0.00
1013940584	1211	121124	1 G8510		0.00	0.00	0.00	0.00			0.00
1013940584	1211	121124	1 G9622		0.00	0.00	0.00	0.00			0.00
PT RESP	98.03		CLAIM TOTALS			645.47	320.87	98.03	0.00	324.60	222.84
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	222.84
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	-237.55	172.38	0.00	0.00	-409.93	172.38	0.00	172.38

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-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

CO-A1 Claim / Service denied.

M15 Separately billed services / tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

M51 Missing / incomplete / invalid procedure code(s).

M76 Missing / incomplete / invalid diagnosis or condition.

N19 Procedure code incidental to primary procedure.

OA-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

PR-1 Deductible Amount

