

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: 2025-05-22
 EFT #: 25131B1000363050
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KONING, KRISTI		HIC 94981420700	ACNT 6181LMD642					ICN 445223930100	ASG Y MOA	
1306898036	0505 050525	1 99214 25			219.00	0.00	0.00	0.00	CO-16	219.00 0.00
		REM: M76								
1306898036	0505 050525	1 36415			20.00	15.22	0.00	0.00	CO-45	4.78 15.22
1306898036	0505 050525	1 G0447 XU			65.00	31.26	0.00	0.00	CO-45	33.74 31.26
1306898036	0505 050525	1 99401 25			65.00	54.70	0.00	0.00	CO-45	10.30 54.70
1306898036	0505 050525	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS			369.00	101.18	0.00	0.00		267.82 101.18
ADJ TO TOTAL: PREV PD		INTEREST			0.00		LATE FILING CHARGE		0.00	NET 101.18
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	
	1	369.00	101.18	0.00	0.00	267.82	101.18	0.00	101.18	

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.
 M76 Missing / incomplete / invalid diagnosis or condition.

