

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: 2025-08-07  
 EFT #: 25208B1000337048  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME THULL, GREGORY			HIC	94797962800	ACNT	6716LMD642			ICN	446535235600	ASG Y	MOA	
1306898036	0602	060225	-1	99203	25		-218.00	0.00	0.00	0.00	CO-16	-218.00	0.00
REM: M76													
1306898036	0602	060225	-1	36415			-20.00	0.00	0.00	0.00	CO-16	-20.00	0.00
REM: M76													
1306898036	0602	060225	-1	81003			-33.60	0.00	0.00	0.00	CO-16	-33.60	0.00
REM: M76													
1306898036	0602	060225	-1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	-1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	-1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	-1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	-1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	-1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	-1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	-1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	-1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS		-271.60	0.00	0.00	0.00		-271.60	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 THULL, GREGORY			HIC	94797962800	ACNT	6716LMD642	ICN 454276969800		ASG Y	MOA		
1306898036	0602	060225	1	99203 25		218.00	0.00	0.00	0.00	CO-16	218.00	0.00
REM: M76												
1306898036	0602	060225	1	36415		20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1306898036	0602	060225	1	81003		33.60	2.47	0.00	0.00	CO-45	31.13	2.47
1306898036	0602	060225	1	G8420		0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	1	3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	1	3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	1	3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	1	2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	1	2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	1	1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	1	1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0602	060225	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM TOTALS		271.60	17.69	0.00	0.00		253.91	17.69
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING	CHARGE		0.00	NET	
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	0.00	17.69	0.00	0.00	-17.69	17.69	0.00	17.69

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.

