

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: 2025-03-20  
 EFT #: 25068B1000343828  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VANDERARK, DAVID			HIC	94894709600	ACNT	5039LMD642		ICN	435769265900	ASG Y	MOA
INSURED NAME: VANDER ARK, DAVID											
1013940584	0213	021325	1	99214	25	219.00	144.12	0.00	0.00	CO-45	74.88
										PR-3	20.00
1013940584	0213	021325	1	73110		84.70	0.00	0.00	0.00	CO-4	84.70
1013940584	0213	021325	1	94010		59.00	38.99	0.00	0.00	CO-45	20.01
1013940584	0213	021325	1	3077F		0.00	0.00	0.00	0.00		
1013940584	0213	021325	1	3078F		0.00	0.00	0.00	0.00		
1013940584	0213	021325	1	3008F		0.00	0.00	0.00	0.00		
1013940584	0213	021325	1	2001F		0.00	0.00	0.00	0.00		
1013940584	0213	021325	1	2000F		0.00	0.00	0.00	0.00		
1013940584	0213	021325	1	1000F		0.00	0.00	0.00	0.00		
1013940584	0213	021325	1	1159F		0.00	0.00	0.00	0.00		
1013940584	0213	021325	1	1160F		0.00	0.00	0.00	0.00		
PT RESP	20.00			CLAIM	TOTALS	362.70	183.11	0.00	0.00		199.59
ADJ TO TOTAL: PREV PD				INTEREST				LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary											
TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK		
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT		
	1	362.70	183.11	0.00	0.00	199.59	163.11	0.00	163.11		

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.  
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
 PR-3 Co-payment Amount

