

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: 2025-06-05  
 EFT #: 25145B1000330249  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BILLIN, SAMUEL			HIC 94980999400	ACNT 6502LMD642				ICN 445959629600		ASG Y MOA	
1306898036	0519	051925	1 99395	25		297.00	162.24	0.00	0.00	CO-45	134.76 162.24
1306898036	0519	051925	1 G0136	33		34.80	27.10	0.00	0.00	CO-45	7.70 27.10
1306898036	0519	051925	1 36415			20.00	15.22	0.00	0.00	CO-45	4.78 15.22
1306898036	0519	051925	1 G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00 0.00
			REM: M51								
1306898036	0519	051925	1 G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45 0.00
			REM: M51								
1306898036	0519	051925	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0519	051925	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0519	051925	1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0519	051925	1 1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0519	051925	1 G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0519	051925	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0519	051925	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0519	051925	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0519	051925	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0519	051925	1 1160F			0.00	0.00	0.00	0.00		0.00
1306898036	0519	051925	1 1159F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			411.25	204.56	0.00	0.00		206.69 204.56
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00 NET	204.56
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	411.25	204.56	0.00	0.00	206.69	204.56	0.00	204.56

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

