

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 2
DATE: 2025-05-29
EFT #: 25138B1000360611
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BAUMGARD, KIMBERLY			HIC 94704543900	ACNT	4682LMD642	ICN 434617765500		ASG Y	MOA		
1013940584	1213	121324	-1	83036	QW	-60.90	-10.72	-10.72	0.00	CO-45	-50.18 0.00
1013940584	1213	121324	-1	3046F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		-60.90	-10.72	-10.72	0.00		-50.18 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 BAUMGARD, KIMBERLY			HIC 94704543900	ACNT	5521LMD642	ICN 436876868200		ASG Y	MOA		
1013940584	1213	121324	-1	83036	QW	-60.90	0.00	0.00	0.00	OA-18	-60.90 0.00
1013940584	1213	121324	-1	3046F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		-60.90	0.00	0.00	0.00		-60.90 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 BAUMGARD, KIMBERLY			HIC 94704543900	ACNT	5521LMD642	ICN 437525575700		ASG Y	MOA		
1013940584	1213	121324	1	83036	QW	60.90	10.72	10.72	0.00	CO-45	50.18 0.00
1013940584	1213	121324	1	3046F		0.00	0.00	0.00	0.00		0.00
PT RESP	10.72			CLAIM TOTALS		60.90	10.72	10.72	0.00		50.18 0.00
ADJ TO TOTAL: PREV PD				INTEREST	0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary											
NAME BAUMGARD, KIMBERLY			HIC 94704543900	ACNT	6393LMD642	ICN 445586865400		ASG Y	MOA		
1013940584	0514	051425	1	99214	25	219.00	0.00	0.00	0.00	CO-16	219.00 0.00
REM: M76											
1013940584	0514	051425	1	83036	QW	60.90	10.23	0.00	2.05	CO-45	50.67 8.18
1013940584	0514	051425	1	99401	25	65.00	54.70	0.00	0.00	CO-45	10.30 54.70
1013940584	0514	051425	1	G0447	XU	65.00	31.26	0.00	0.00	CO-45	33.74 31.26
1013940584	0514	051425	1	G0446	XU	65.00	31.26	0.00	0.00	CO-45	33.74 31.26
1013940584	0514	051425	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1	G8417		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1	G8427		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	2.05			CLAIM TOTALS		474.90	127.45	0.00	2.05		347.45 125.40
ADJ TO TOTAL: PREV PD				INTEREST	0.00		LATE FILING CHARGE		0.00	NET	125.40
STATUS CODE 1: Processed as Primary											
NAME SCHUMAKER, JOEL			HIC 94732734600	ACNT	4578LMD642	ICN 435244301100		ASG Y	MOA		
1013940584	1113	111324	-1	99396	25	-327.00	0.00	0.00	0.00	CO-16	-327.00 0.00
REM: M76											
1013940584	1113	111324	-1	36415		-15.00	-13.98	0.00	0.00	CO-45	-1.02 -13.98
1013940584	1113	111324	-1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	1113	111324	-1	G0444	33	-29.45	0.00	0.00	0.00	CO-16	-29.45 0.00
REM: M51											
1013940584	1113	111324	-1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	1113	111324	-1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	1113	111324	-1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	1113	111324	-1	G0442	XU	-30.00	0.00	0.00	0.00	CO-16	-30.00 0.00
REM: M51											
PT RESP	0.00			CLAIM TOTALS		-401.45	-13.98	0.00	0.00		-387.47 -13.98
ADJ TO TOTAL: PREV PD				INTEREST	0.00		LATE FILING CHARGE		0.00	NET	-13.98
STATUS CODE 22: Reversal of Previous Payment											



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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	SCHUMAKER, JOEL					HIC 94732734600	ACNT 4578LMD642				ICN 437525575300	ASG Y	MOA	
1013940584	1113	111324		1	99396	25		327.00	168.04	0.00	0.00	CO-45	158.96	168.04
1013940584	1113	111324		1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00	0.00
							REM: M51							
1013940584	1113	111324		1	G0444	33		29.45	0.00	0.00	0.00	CO-16	29.45	0.00
							REM: M51							
1013940584	1113	111324		1	36415			15.00	13.98	0.00	0.00	CO-45	1.02	13.98
1013940584	1113	111324		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1113	111324		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1113	111324		1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	1113	111324		1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		401.45	182.02	0.00	0.00		219.43	182.02
ADJ TO TOTAL: PREV PD						INTEREST		0.00					NET	182.02
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
	6	414.00	295.49	0.00	2.05	118.51	293.44	0.00	293.44

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).

M76 Missing / incomplete / invalid diagnosis or condition.

OA-18 Duplicate claim / service.

PR-1 Deductible Amount

PR-2 Coinsurance Amount

