

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 #: 25208B1000341281  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ELLIOTT, SONYA			HIC 94819040900	ACNT	7543LMD642			ICN 455810726900	ASG Y	MOA	
1013940584	0721	072125	1	99396	25	327.00	172.48	0.00	0.00	CO-45	154.52 172.48
1013940584	0721	072125	1	G0136	33	34.80	27.10	0.00	0.00	CO-45	7.70 27.10
1013940584	0721	072125	1	36415		20.00	15.22	0.00	0.00	CO-45	4.78 15.22
1013940584	0721	072125	1	G0442	XU	30.00	0.00	0.00	0.00	CO-16	30.00 0.00
					REM: M51						
1013940584	0721	072125	1	G0444	XU	29.45	0.00	0.00	0.00	CO-16	29.45 0.00
					REM: M51						
1013940584	0721	072125	1	0513F		0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		441.25	214.80	0.00	0.00		226.45 214.80
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 214.80
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	441.25	214.80	0.00	0.00	226.45	214.80	0.00	214.80

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).

