

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: 2025-03-06  
 EFT #: 25054B1000358166  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME AINSWORTH, DANIEL			HIC 94702402400	ACNT 4794LMD642		ICN 435102742600	ASG Y	MOA			
1013940584	0214	021425	1 99396	25	327.00	171.02	0.00	0.00	CO-45	155.98	171.02
1013940584	0214	021425	1 36415		20.00	15.09	0.00	0.00	CO-45	4.91	15.09
1013940584	0214	021425	1 96127	XU	40.00	9.34	0.00	0.00	CO-45	30.66	9.34
1013940584	0214	021425	1 96127	XU	40.00	9.34	0.00	0.00	CO-45	30.66	9.34
1013940584	0214	021425	1 82570	QW	17.85	5.60	0.00	0.00	CO-45	12.25	5.60
1013940584	0214	021425	1 82043	QW	14.70	5.95	0.00	0.00	CO-45	8.75	5.95
1013940584	0214	021425	1 0513F		0.00	0.00	0.00	0.00			0.00
1013940584	0214	021425	1 3075F		0.00	0.00	0.00	0.00			0.00
1013940584	0214	021425	1 G9621		0.00	0.00	0.00	0.00			0.00
1013940584	0214	021425	1 G8431		0.00	0.00	0.00	0.00			0.00
1013940584	0214	021425	1 3078F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		459.55	216.34	0.00	0.00		243.21	216.34
ADJ TO TOTAL: PREV PD			INTEREST		0.00	LATE FILING CHARGE			0.00	NET	216.34
STATUS CODE 1: Processed as Primary											

NAME AINSWORTH, NATHAN			HIC 94702402412	ACNT 4803LMD642		ICN 435102743000	ASG Y	MOA			
1013940584	1011	101124	1 99394	25	289.00	154.72	0.00	0.00	CO-45	134.28	154.72
1013940584	1011	101124	1 96127	XU	40.00	9.34	0.00	0.00	CO-45	30.66	9.34
1013940584	1011	101124	1 3074F		0.00	0.00	0.00	0.00			0.00
1013940584	1011	101124	1 3078F		0.00	0.00	0.00	0.00			0.00
1013940584	1011	101124	1 G8510		0.00	0.00	0.00	0.00			0.00
1013940584	1011	101124	1 1036F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		329.00	164.06	0.00	0.00		164.94	164.06
ADJ TO TOTAL: PREV PD			INTEREST		0.00	LATE FILING CHARGE			0.00	NET	164.06
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	788.55	380.40	0.00	0.00	408.15	380.40	0.00	380.40

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

