

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: 2025-06-19
EFT #: 25166B1000431386
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	MUNDWILER, BRITTANY	HIC	1034428336	ACNT	6296LMD642	ICN	445515156800	ASG	Y	MOA				
1306898036	0509	050925	1	99213	25			171.26	0.00	0.00	0.00	CO-22	171.26	0.00
						REM: N479								
1306898036	0509	050925	1	G2211				30.52	0.00	0.00	0.00	CO-22	30.52	0.00
						REM: N479								
1306898036	0509	050925	1	96372				26.50	0.00	0.00	0.00	CO-22	26.50	0.00
						REM: N479								
1306898036	0509	050925	1	G0447	XU			65.00	0.00	0.00	0.00	CO-22	65.00	0.00
						REM: N479								
1306898036	0509	050925	1	3074F				0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	1	3078F				0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	1	1036F				0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	1	2010F				0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	1	3008F				0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	1	2001F				0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	1	1159F				0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	1	2000F				0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	1	1160F				0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	1	1000F				0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	1	1003F				0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	1	1220F				0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		293.28	0.00	0.00	0.00		293.28	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	SCHMIDT, JACQUELINE	HIC	0095220930	ACNT	5695LMD642	ICN	437399102000	ASG	Y	MOA				
1306898036	0407	040725	-1	99214	25			-219.00	-82.43	0.00	0.00	CO-45	-136.57	-82.43
1306898036	0407	040725	-1	96127	XU			-40.00	-2.98	0.00	0.00	CO-45	-37.02	-2.98
1306898036	0407	040725	-1	G0446	XU			-61.88	0.00	0.00	0.00	CO-96	-61.88	0.00
						REM: N174								
1306898036	0407	040725	-1	3074F				0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	-1	3078F				0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	-1	1036F				0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	-1	G8510				0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	-1	3008F				0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	-1	2001F				0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	-1	2000F				0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	-1	1000F				0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	-1	1159F				0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	-1	1160F				0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		-320.88	-85.41	0.00	0.00		-235.47	-85.41
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	-85.41
STATUS CODE 22: Reversal of Previous Payment														

NAME	SCHMIDT, JACQUELINE	HIC	0095220930	ACNT	5695LMD642	ICN	444962798400	ASG	Y	MOA				
1306898036	0407	040725	1	99214	25			219.00	82.43	0.00	0.00	CO-45	136.57	82.43
1306898036	0407	040725	1	96127	XU			40.00	2.98	0.00	0.00	CO-45	37.02	2.98
1306898036	0407	040725	1	G0446	XU			61.88	0.00	0.00	0.00	CO-96	61.88	0.00
						REM: N174								
1306898036	0407	040725	1	3074F				0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	1	3078F				0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	1	1036F				0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	1	G8510				0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	1	3008F				0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	1	2001F				0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	1	2000F				0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	1	1000F				0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	1	1159F				0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	1	1160F				0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		320.88	85.41	0.00	0.00		235.47	85.41
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	85.41
STATUS CODE 1: Processed as Primary														



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PAGE #: 2 of 2

REMITTANCE
ADVICE
DATE: 2025-06-19

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	TIMMER, SUZANNE		HIC	0032230696	ACNT	5724LMD642			ICN	437491707200	ASG Y	MOA
1306898036	0407	040725	-1	99499			-0.01	-0.01	0.00	0.00		-0.01
PT RESP	0.00				CLAIM TOTALS		-0.01	-0.01	0.00	0.00		-0.01
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET -0.01
STATUS CODE 22: Reversal of Previous Payment												

NAME	TIMMER, SUZANNE		HIC	0032230696	ACNT	5724LMD642			ICN	437491707201	ASG Y	MOA
1306898036	0407	040725	1	99499			0.01	0.00	0.00	0.00	PR-27	0.01
					REM: N650							
PT RESP	0.01				CLAIM TOTALS		0.01	0.00	0.00	0.00		0.01
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 1: Processed as Primary												

NAME	CHACHULSKI, REBECCA		HIC	0059961701	ACNT	6042LMD642			ICN	444612818900	ASG Y	MOA
1013940584	0424	042425	-1	99495 25			-318.00	0.00	0.00	0.00	CO-16	-318.00
					REM: N769							
1013940584	0424	042425	-1	G3002			-156.72	0.00	0.00	0.00	CO-96	-156.72
					REM: N174							
1013940584	0424	042425	-1	G0447 XU			-65.00	0.00	0.00	0.00	CO-96	-65.00
					REM: N174							
1013940584	0424	042425	-1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0424	042425	-1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0424	042425	-1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0424	042425	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0424	042425	-1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0424	042425	-1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0424	042425	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0424	042425	-1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-539.72	0.00	0.00	0.00		-539.72
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 22: Reversal of Previous Payment												

NAME	CHACHULSKI, REBECCA		HIC	0059961701	ACNT	6042LMD642			ICN	446030037200	ASG Y	MOA
1013940584	0424	042425	1	99495 25			318.00	132.49	0.00	0.00	CO-45	185.51
1013940584	0424	042425	1	G3002			156.72	0.00	0.00	0.00	CO-96	156.72
					REM: N174							
1013940584	0424	042425	1	G0447 XU			65.00	0.00	0.00	0.00	CO-96	65.00
					REM: N174							
1013940584	0424	042425	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0424	042425	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0424	042425	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0424	042425	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0424	042425	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0424	042425	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0424	042425	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0424	042425	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		539.72	132.49	0.00	0.00		407.23
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 132.49
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
	7	293.28	132.48	0.00	0.00	160.80	132.48	0.00	132.48

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-22 Payment adjusted because this care may be covered by another payer per coordination of benefits.

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-96 Non-covered charge(s).

N174 This is not a covered service / procedure/ equipment / bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'.

N479 Missing Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer).

N650 This policy was not in effect for this date of loss. No coverage is available.

N769 A lateral diagnosis is required.

PR-27 Expenses incurred after coverage terminated.

