

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: 2025-05-15  
 EFT #: 25124B1000377360  
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME RADER, MATTHEW			HIC 94978893400	ACNT 5211LMD642				ICN 436135094500	ASG Y MOA	
1013940584	0311 031125	-1 99214 25			-219.00	-144.12	0.00	0.00	CO-45 -74.88	-114.12
1013940584	0311 031125	-1 G0444 33			-29.45	0.00	0.00	0.00	PR-3 -30.00	
				REM: M51					CO-16 -29.45	0.00
1013940584	0311 031125	-1 G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0311 031125	-1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0311 031125	-1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0311 031125	-1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0311 031125	-1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0311 031125	-1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0311 031125	-1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS	-248.45	-144.12	0.00	0.00		
ADJ TO TOTAL: PREV PD				INTEREST	0.00					
STATUS CODE 22: Reversal of Previous Payment							LATE FILING CHARGE		0.00	NET -114.12

NAME RADER, MATTHEW			HIC 94978893400	ACNT 5211LMD642				ICN 436876862300	ASG Y MOA	
1013940584	0311 031125	1 99214 25			219.00	144.12	0.00	0.00	CO-45 74.88	114.12
1013940584	0311 031125	1 96127 XU			40.00	9.34	0.00	0.00	PR-3 30.00	
1013940584	0311 031125	1 G8510			0.00	0.00	0.00	0.00	CO-45 30.66	9.34
1013940584	0311 031125	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0311 031125	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0311 031125	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0311 031125	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0311 031125	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0311 031125	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	30.00			CLAIM TOTALS	259.00	153.46	0.00	0.00		
ADJ TO TOTAL: PREV PD				INTEREST	0.00					
STATUS CODE 1: Processed as Primary							LATE FILING CHARGE		0.00	NET 123.46

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	10.55	9.34	0.00	0.00	1.21	9.34	0.00	9.34

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).  
 PR-3 Co-payment Amount

