

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: 2025-07-03  
NONPAY #: 25173B1000338957  
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KONING, KRISTI		HIC 94981420700	ACNT 6181LMD642		ICN 445223930100	ASG Y	MOA			
1306898036	0505 050525	-1 99214 25			-219.00	0.00	0.00	0.00	CO-16	-219.00 0.00
REM: M76										
1306898036	0505 050525	-1 36415			-20.00	-15.22	0.00	0.00	CO-45	-4.78 -15.22
1306898036	0505 050525	-1 G0447 XU			-65.00	-31.26	0.00	0.00	CO-45	-33.74 -31.26
1306898036	0505 050525	-1 99401 25			-65.00	-54.70	0.00	0.00	CO-45	-10.30 -54.70
1306898036	0505 050525	-1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	-1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	-1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	-1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	-1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	-1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	-1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	-1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS			-369.00	-101.18	0.00	0.00		-267.82 -101.18
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE	0.00	NET	-101.18
STATUS CODE 22: Reversal of Previous Payment										

NAME KONING, KRISTI		HIC 94981420700	ACNT 6181LMD642		ICN 446030037500	ASG Y	MOA			
1306898036	0505 050525	1 99214 25			219.00	152.63	152.63	0.00	CO-45	66.37 0.00
1306898036	0505 050525	1 36415			20.00	15.22	15.22	0.00	CO-45	4.78 0.00
1306898036	0505 050525	1 G0447 XU			65.00	31.26	0.00	0.00	CO-45	33.74 31.26
1306898036	0505 050525	1 99401 25			65.00	54.70	0.00	0.00	CO-45	10.30 54.70
1306898036	0505 050525	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	167.85	CLAIM TOTALS			369.00	253.81	167.85	0.00		115.19 85.96
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE	0.00	NET	85.96
STATUS CODE 1: Processed as Primary										

PROVIDER ADJ DETAILS:		PLB REASON CODE		FCN/OTHER IDENTIFIER		HIC		AMOUNT	
Forwarding Balance (FB)				PROVIDER		CONTRACT		-15.22	
TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	0.00	152.63	167.85	0.00	-152.63	-0.00	-15.22	0.00

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.  
M76 Missing / incomplete / invalid diagnosis or condition.  
PR-1 Deductible Amount

