

BCBSM []
600 E LAFAYETTE
DETROIT, MI 482262998
(800)282-4548

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC

BYRON CENTER, MI 493156928

NPI #: 1982923660
PAGE #: 1 of 5
DATE: 2025-03-05
EFT #: 509673115
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME MERREN, RICHARD J				HIC	M4Q914141891	ACNT	4673LMD642	ICN 26250412848100710		ASG	Y	MOA		
1013940584	0206	020625	11	1	99215	25		295.00	192.08	0.00	0.00	CO-144	14.40	162.68
												CO-45	102.92	
												PR-3	15.00	
1013940584	0206	020625	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
1013940584	0206	020625	11	1	93000			71.00	18.06	0.00	0.00	CO-144	1.35	16.71
												CO-45	52.94	
1013940584	0206	020625	11	1	82043	QW		14.70	4.34	0.00	0.00	CO-45	10.36	4.34
1013940584	0206	020625	11	1	82570	QW		17.85	3.89	0.00	0.00	CO-45	13.96	3.89
1013940584	0206	020625	11	1	2028F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP	15.00					CLAIM TOTALS		418.55	223.37	0.00	0.00		226.31	192.24
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	192.24
STATUS CODE 1: Processed as Primary														
NAME BAGLEY, SOPHIA H				HIC	BMB809819673	ACNT	4858LMD642	ICN 26250512346600710		ASG	Y	MOA		
1013940584	0218	021825	11	1	99213	25		146.00	98.69	0.00	0.00	CO-144	7.40	66.29
												CO-45	47.31	
												PR-3	25.00	
1013940584	0218	021825	11	1	99401	33		40.00	40.00	0.00	0.00	CO-144	3.00	37.00
PT RESP	25.00					CLAIM TOTALS		186.00	138.69	0.00	0.00		82.71	103.29
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	103.29
STATUS CODE 1: Processed as Primary														
NAME BAUMGARD, TILLMAN L				HIC	SFLH45832862	ACNT	4140LMD642	ICN 26250523508600710		ASG	Y	MOA		
1013940584	0114	011425	11	1	99393			270.00	139.39	0.00	0.00	CO-144	10.45	128.94
												CO-45	130.61	
PT RESP	0.00					CLAIM TOTALS		270.00	139.39	0.00	0.00		141.06	128.94
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	128.94
STATUS CODE 1: Processed as Primary														
NAME BURCHARDT, JENNIFER M				HIC	DWF807793660	ACNT	4837LMD642	ICN 26250512346700710		ASG	Y	MOA		
1013940584	0218	021825	11	1	99396	25		327.00	165.75	0.00	0.00	CO-144	12.44	153.31
												CO-45	161.25	
1013940584	0218	021825	11	1	96127	XU		40.00	7.46	0.00	0.00	CO-144	0.56	6.90
												CO-45	32.54	
1013940584	0218	021825	11	1	96127	XU		40.00	7.46	7.46	0.00	CO-45	32.54	0.00
1013940584	0218	021825	11	1	82043	QW		14.70	4.34	4.34	0.00	CO-45	10.36	0.00
1013940584	0218	021825	11	1	82570	QW		17.85	3.89	3.89	0.00	CO-45	13.96	0.00
1013940584	0218	021825	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0218	021825	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0218	021825	11	1	G9621			0.00	0.00	0.00	0.00			0.00
1013940584	0218	021825	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
1013940584	0218	021825	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0218	021825	11	1	G8431			0.00	0.00	0.00	0.00			0.00
1013940584	0218	021825	11	1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP	15.69					CLAIM TOTALS		459.55	193.90	15.69	0.00		279.03	164.83
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	164.83
STATUS CODE 1: Processed as Primary														



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD		
NAME PAGAN, JOSUE																
						HIC	SMF814W22553 ACNT	4868LMD642			ICN	26250512337300710	ASG Y	MOA		
1306898036	0219	021925	11	1	99396			327.00	165.75	0.00	0.00	CO-144	12.44	153.31		
												CO-45	161.25			
1306898036	0219	021925	11	1	G0442 XU			30.00	30.00	0.00	0.00	CO-144	2.25	27.75		
1306898036	0219	021925	11	1	G0444 XU 33			29.45	0.00	0.00	0.00	CO-234	29.45	0.00		
							REM: N20									
1306898036	0219	021925	11	1	3074F			0.00	0.00	0.00	0.00			0.00		
1306898036	0219	021925	11	1	3078F			0.00	0.00	0.00	0.00			0.00		
1306898036	0219	021925	11	1	G9621			0.00	0.00	0.00	0.00			0.00		
1306898036	0219	021925	11	1	G8510			0.00	0.00	0.00	0.00			0.00		
PT RESP	0.00					CLAIM	TOTALS	386.45	195.75	0.00	0.00		205.39	181.06		
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	181.06		
STATUS CODE 1: Processed as Primary																
NAME VANTUINEN, ATTICUS G																
						HIC	KPV588341252 ACNT	4768LMD642			ICN	27250480025600710	ASG Y	MOA		
1013940584	0212	021225	11	1	99213			171.26	98.69	0.00	0.00	CO-144	7.40	66.29		
												CO-45	72.57			
												PR-3	25.00			
1013940584	0212	021225	11	1	G8420			0.00	0.00	0.00	0.00			0.00		
1013940584	0212	021225	11	1	3074F			0.00	0.00	0.00	0.00			0.00		
1013940584	0212	021225	11	1	3078F			0.00	0.00	0.00	0.00			0.00		
1013940584	0212	021225	11	1	3008F			0.00	0.00	0.00	0.00			0.00		
1013940584	0212	021225	11	1	2001F			0.00	0.00	0.00	0.00			0.00		
1013940584	0212	021225	11	1	2000F			0.00	0.00	0.00	0.00			0.00		
1013940584	0212	021225	11	1	1000F			0.00	0.00	0.00	0.00			0.00		
1013940584	0212	021225	11	1	1159F			0.00	0.00	0.00	0.00			0.00		
1013940584	0212	021225	11	1	1160F			0.00	0.00	0.00	0.00			0.00		
PT RESP	25.00					CLAIM	TOTALS	171.26	98.69	0.00	0.00		104.97	66.29		
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	66.29		
STATUS CODE 1: Processed as Primary																
NAME VANTUINEN, ELOISE																
						HIC	KPV588341252 ACNT	4769LMD642			ICN	26250452868400710	ASG Y	MOA		
1013940584	0212	021225	11	1	99213 25			146.00	98.69	0.00	0.00	CO-144	7.40	66.29		
												CO-45	47.31			
												PR-3	25.00			
												CO-45	20.22	16.53		
1013940584	0212	021225	11	1	87880 QW			36.75	16.53	0.00	0.00			0.00		
1013940584	0212	021225	11	1	G8420			0.00	0.00	0.00	0.00			0.00		
1013940584	0212	021225	11	1	3074F			0.00	0.00	0.00	0.00			0.00		
1013940584	0212	021225	11	1	3078F			0.00	0.00	0.00	0.00			0.00		
1013940584	0212	021225	11	1	1036F			0.00	0.00	0.00	0.00			0.00		
1013940584	0212	021225	11	1	3008F			0.00	0.00	0.00	0.00			0.00		
1013940584	0212	021225	11	1	2001F			0.00	0.00	0.00	0.00			0.00		
1013940584	0212	021225	11	1	2000F			0.00	0.00	0.00	0.00			0.00		
1013940584	0212	021225	11	1	1000F			0.00	0.00	0.00	0.00			0.00		
1013940584	0212	021225	11	1	1159F			0.00	0.00	0.00	0.00			0.00		
1013940584	0212	021225	11	1	1160F			0.00	0.00	0.00	0.00			0.00		
PT RESP	25.00					CLAIM	TOTALS	182.75	115.22	0.00	0.00		99.93	82.82		
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	82.82		
STATUS CODE 1: Processed as Primary																
NAME ZHAO, STACY J																
						HIC	GZF807273270 ACNT	1915LMD642			ICN	26243302039300710	ASG Y	MOA		
1013940584	0214	021424	11	1	99396			-327.00	0.00	0.00	0.00	OA-18	-327.00	0.00		
1013940584	0214	021424	11	1	36415			-15.00	0.00	0.00	0.00	OA-18	-15.00	0.00		
1013940584	0214	021424	11	1	2000F			0.00	0.00	0.00	0.00			0.00		
1013940584	0214	021424	11	1	1000F			0.00	0.00	0.00	0.00			0.00		
1013940584	0214	021424	11	1	1159F			0.00	0.00	0.00	0.00			0.00		
1013940584	0214	021424	11	1	1160F			0.00	0.00	0.00	0.00			0.00		
1013940584	0214	021424	11	1	2001F			0.00	0.00	0.00	0.00			0.00		
1013940584	0214	021424	11	1	3008F			0.00	0.00	0.00	0.00			0.00		
PT RESP	0.00					CLAIM	TOTALS	-342.00	0.00	0.00	0.00		-342.00	0.00		
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00		
STATUS CODE 22: Reversal of Previous Payment																



BCBSM			REMITTANCE
NPI #:	1982923660	TIMOTHY J TOBOLIC MD PLLC	ADVICE
EFT #:	509673115	PAGE #: 3 of 5	DATE: 2025-03-05

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME ZHAO, STACY J					HIC	GZF807273270	ACNT	1915LMD642	ICN 26243302039302710			ASG	Y	MOA
1013940584	0214	021424	11	1	99396			327.00	0.00	0.00	0.00	CO-231	327.00	0.00
REM: N20														
1013940584	0214	021424	11	1	36415			15.00	3.00	0.00	0.00	CO-144	0.23	2.77
CO-45 12.00														
1013940584	0214	021424	11	1	G0444	XU 33		29.45	0.00	0.00	0.00	CO-234	29.45	0.00
REM: N20														
1013940584	0214	021424	11	1	G0442	XU		30.00	29.06	0.00	0.00	CO-144	2.18	26.88
CO-45 0.94														
1013940584	0214	021424	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0214	021424	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0214	021424	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0214	021424	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0214	021424	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0214	021424	11	1	3008F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			401.45	32.06	0.00	0.00		371.80	29.65
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	29.65
STATUS CODE 1: Processed as Primary														
NAME DAMSTRA, DEBRA L					HIC	MSE893355119	ACNT	3539LMD642	ICN 28250553381500710			ASG	Y	MOA N152
1013940584	1212	121224	11	1	99397 25			341.00	0.00	0.00	0.00	PI-16	341.00	0.00
REM: N152														
1013940584	1212	121224	11	1	96127	XU		40.00	0.00	0.00	0.00	PI-16	40.00	0.00
REM: N152														
1013940584	1212	121224	11	1	96127	XU		40.00	0.00	0.00	0.00	PI-16	40.00	0.00
REM: N152														
1013940584	1212	121224	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1212	121224	11	1	36415			15.00	0.00	0.00	0.00	PI-16	15.00	0.00
REM: N152														
1013940584	1212	121224	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	1212	121224	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1212	121224	11	1	1158F			0.00	0.00	0.00	0.00			0.00
1013940584	1212	121224	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	1212	121224	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			436.00	0.00	0.00	0.00		436.00	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 FORDHAM, GARY N					HIC	ASN913253225	ACNT	4766LMD642	ICN 26250523506800710			ASG	Y	MOA
1013940584	1223	122324	11	1	83036	QW		60.90	14.71	14.71	0.00	CO-45	46.19	0.00
1013940584	1223	122324	11	1	3052F			0.00	0.00	0.00	0.00			0.00
PT RESP	14.71				CLAIM TOTALS			60.90	14.71	14.71	0.00		46.19	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 HOFFMAN, PHILIP M					HIC	DTR114211571001	ACNT	4692LMD642	ICN 26250572854100710			ASG	Y	MOA MA61
1306898036	0207	020725	11	1	99214			219.00	0.00	0.00	0.00	PI-16	219.00	0.00
REM: MA61														
1306898036	0207	020725	11	1	G8417			0.00	0.00	0.00	0.00			0.00
1306898036	0207	020725	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0207	020725	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0207	020725	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0207	020725	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0207	020725	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0207	020725	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			219.00	0.00	0.00	0.00		219.00	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 MADDOX, CHRISTINE L					HIC	E6S134274894001	ACNT	4967LMD642	ICN 26250572856300710			ASG	Y	MOA
1013940584	0224	022425	11	1	99213			146.00	98.69	98.69	0.00	CO-45	47.31	0.00
1013940584	0224	022425	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	98.69				CLAIM TOTALS			146.00	98.69	98.69	0.00		47.31	0.00
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary														



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME SIEVERS, CHRISTINE D				HIC	C5N838822346	ACNT	4973LMD642	ICN 26250572859800710				ASG Y	MOA	
1013940584	0225	022525	11	1	99214	25		219.00	143.12	143.12	0.00	CO-45	75.88	0.00
1013940584	0225	022525	11	1	93000			71.00	18.06	18.06	0.00	CO-45	52.94	0.00
1013940584	0225	022525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		161.18		CLAIM TOTALS				290.00	161.18	161.18	0.00		128.82	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 DOMEIER, KEVYN C				HIC EZVAN2496918 ACNT 4246LMD642				ICN 27250222688600710				ASG Y	MOA
1013940584	0719	071924	11	1	99213		-146.00	0.00	0.00	0.00	CO-29	-146.00	0.00
1013940584	0719	071924	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1013940584	0719	071924	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1013940584	0719	071924	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1013940584	0719	071924	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1013940584	0719	071924	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1013940584	0719	071924	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1013940584	0719	071924	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP 0.00				CLAIM TOTALS				-146.00	0.00	0.00		-146.00	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 22: Reversal of Previous Payment													

NAME DOMEIER, KEVYN C				HIC EZVAN2496918 ACNT 4246LMD642				ICN 27250222688602710				ASG Y	MOA
1013940584	0719	071924	11	1	99213	146.00	0.00	0.00	0.00	CO-29	146.00	0.00	
1013940584	0719	071924	11	1	3074F	0.00	0.00	0.00	0.00			0.00	
1013940584	0719	071924	11	1	2000F	0.00	0.00	0.00	0.00			0.00	
1013940584	0719	071924	11	1	1000F	0.00	0.00	0.00	0.00			0.00	
1013940584	0719	071924	11	1	2001F	0.00	0.00	0.00	0.00			0.00	
1013940584	0719	071924	11	1	1159F	0.00	0.00	0.00	0.00			0.00	
1013940584	0719	071924	11	1	3008F	0.00	0.00	0.00	0.00			0.00	
1013940584	0719	071924	11	1	1160F	0.00	0.00	0.00	0.00			0.00	
PT RESP		0.00	CLAIM TOTALS			146.00	0.00	0.00	0.00		146.00	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 HOFFMAN, PHILIP M				HIC	DTR114211571001	ACNT	4692LMD642	ICN 28250553110300710			ASG Y	MOA	N142
1306898036	0207	020725	11	1	99214		219.00	0.00	0.00	0.00	PI-16	219.00	0.00
REM: N142													
1306898036	0207	020725	11	1	G8417		0.00	0.00	0.00	0.00			0.00
1306898036	0207	020725	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0207	020725	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0207	020725	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0207	020725	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0207	020725	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0207	020725	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP		0.00		CLAIM TOTALS			219.00	0.00	0.00	0.00		219.00	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 CAMPO, SANDRA K				HIC	MSR891445221	ACNT	4884LMD642	ICN 26250520722200710				ASG Y	MOA	
INSURED NAME: CAMPO, MICHAEL J														
1306898036	0219	021925	11	1	99213		146.00	98.69	98.69	0.00	CO-45	47.31	0.00	
1306898036	0219	021925	11	1	3008F		0.00	0.00	0.00	0.00			0.00	
1306898036	0219	021925	11	1	2001F		0.00	0.00	0.00	0.00			0.00	
1306898036	0219	021925	11	1	2000F		0.00	0.00	0.00	0.00			0.00	
1306898036	0219	021925	11	1	1000F		0.00	0.00	0.00	0.00			0.00	
1306898036	0219	021925	11	1	1159F		0.00	0.00	0.00	0.00			0.00	
1306898036	0219	021925	11	1	1160F		0.00	0.00	0.00	0.00			0.00	
1306898036	0219	021925	11	1	3074F		0.00	0.00	0.00	0.00			0.00	
1306898036	0219	021925	11	1	3078F		0.00	0.00	0.00	0.00			0.00	
PT RESP 98.69				CLAIM TOTALS				146.00	98.69	98.69	0.00	47.31	0.00	
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	0.00	
STATUS CODE 1: Processed as Primary														



BCBSM			REMITTANCE
NPI #:	1982923660	TIMOTHY J TOBOLIC MD PLLC	ADVICE
EFT #:	509673115	PAGE #: 5 of 5	DATE: 2025-03-05

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	SCHIERBEEK, LUANNE					HIC	MSR916515303 ACNT	3682LMD642			ICN	28250553382300710	ASG Y	MOA N152
1013940584	1218	121824	11	1	99396	25		327.00	0.00	0.00	0.00	PI-16	327.00	0.00
							REM: N152							
1013940584	1218	121824	11	1	36415			15.00	0.00	0.00	0.00	PI-16	15.00	0.00
							REM: N152							
1013940584	1218	121824	11	1	96127	XU		40.00	0.00	0.00	0.00	PI-16	40.00	0.00
							REM: N152							
1013940584	1218	121824	11	1	96127	XU		40.00	0.00	0.00	0.00	PI-16	40.00	0.00
							REM: N152							
1013940584	1218	121824	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		422.00	0.00	0.00	0.00		422.00	0.00
ADJ TO TOTAL:	PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
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
	19	4072.91	1510.34	388.96	0.00	2734.83	949.12	0.00	949.12

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-144 Incentive adjustment, e.g. preferred product / service.

CO-231 Mutually exclusive procedures cannot be done in the same day / setting. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

CO-29 The time limit for filing has expired.

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

MA61 Missing / incomplete / invalid social security number or health insurance claim number.

N142 The original claim was denied. Resubmit a new claim, not a replacement claim.

N152 Missing / incomplete / invalid replacement claim information.

N20 Service not payable with other service rendered on the same date.

OA-18 Duplicate claim / service.

PI-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

PR-1 Deductible Amount

PR-3 Co-payment Amount



WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
(866)234-7331

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-03-04
EFT #: 898977482
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	CRISMAN, HAROLD				HIC 7W21VM5MJ18	ACNT 4615LMD642				ICN 1825049790430	ASG Y	MOA	MA01 MA07 MA15
1306898036	0204	020425	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15	119.41
1306898036	0204	020425	11	1	99214	25	241.68	120.84	100.98	3.97	CO-253	2.44	
					REM: N782	N781					CO-45	120.84	15.57
1306898036	0204	020425	11	1	G3002		156.72	0.00	0.00	0.00	CO-253	0.32	
1306898036	0204	020425	11	1	99497	33	132.00	0.00	0.00	0.00	CO-B13	156.72	0.00
1306898036	0204	020425	11	1	G2211		25.00	15.26	0.00	3.05	CO-B13	132.00	0.00
					REM: N782						CO-45	9.74	11.97
1306898036	0204	020425	11	1	G0442	XU	43.00	0.00	0.00	0.00	CO-253	0.24	
					REM: MA01						CO-151	43.00	0.00
1306898036	0204	020425	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
1306898036	0204	020425	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-253	0.18	
											CO-45	8.92	5.66
1306898036	0204	020425	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-253	0.12	
											CO-45	12.67	5.08
1306898036	0204	020425	11	1	G9622		0.00	0.00	0.00	0.00	CO-253	0.10	
					REM: N620								0.00
1306898036	0204	020425	11	1	G8510		0.00	0.00	0.00	0.00			0.00
					REM: N620								0.00
1306898036	0204	020425	11	1	G8427		0.00	0.00	0.00	0.00			0.00
					REM: N620								0.00
PT RESP	108.00				CLAIM TOTALS		1011.95	278.00	100.98	7.02		737.35	166.60
ADJ TO TOTAL: PREV PD					INTEREST		0.00			LATE FILING CHARGE	0.00	NET	166.60
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS													

NAME	LEBLOND, PHILIP				HIC 1NM4H23HV83	ACNT 4800LMD642				ICN 1925049720870	ASG Y	MOA	MA01 MA18 MA15
1306898036	0214	021425	11	1	99213		146.00	85.63	0.00	17.13	CO-45	60.37	67.13
											CO-253	1.37	
1306898036	0214	021425	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74	11.97
											CO-253	0.24	
1306898036	0214	021425	11	1	0513F		0.00	0.00	0.00	0.00			0.00
					REM: N620								0.00
1306898036	0214	021425	11	1	G8417		0.00	0.00	0.00	0.00			0.00
					REM: N620								0.00
1306898036	0214	021425	11	1	G8427		0.00	0.00	0.00	0.00			0.00
					REM: N620								0.00
PT RESP	20.18				CLAIM TOTALS		171.00	100.89	0.00	20.18		71.72	79.10
ADJ TO TOTAL: PREV PD					INTEREST		0.00			LATE FILING CHARGE	0.00	NET	79.10
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: HCSC-BCBS OF NM-NON STD A & B													

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	1182.95	378.89	100.98	27.20	809.07	245.70	0.00	245.70

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-151 Payment adjusted because the payer deems the information submitted does not support this many services.
CO-253 Sequestration - reduction in federal spending
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.
MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.
MA07 Alert: The claim information has also been forwarded to Medicaid for review.
MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.
N620 Alert: This procedure code is for quality reporting / informational purposes only.



WPS GHA - MAC J8 MI PART B
NPI #: 1982923660 TIMOTHY J. TOBOLIC, MD, PLLC
EFT #: 898977482 PAGE #: 2 of 2 DATE: 2025-03-04
N781 Alert: No deductible may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review
your records for any wrongfully collected deductible.
N782 Alert: No coinsurance may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review
your records for any wrongfully collected coinsurance.
PR-1 Deductible Amount
PR-2 Coinsurance Amount



WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
(866)234-7331

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-05
EFT #: 898981948
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME PIETROWICZ, JOSEPH A	HIC	8CU9M87DR27	ACNT	4825LMD642									
1306898036	0217	021725	11	1	99213		146.00	85.63	9.17	15.29	CO-45	60.37	59.95
1306898036	0217	021725	11	1	G2211		25.00	15.26	0.00	3.05	CO-253	1.22	
1306898036	0217	021725	11	1	2000F		0.00	0.00	0.00	0.00	CO-45	9.74	11.97
											CO-253	0.24	
													0.00
PT RESP	27.51				CLAIM TOTALS		171.00	100.89	9.17	18.34		71.57	71.92
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	71.92
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: MUTUAL OF OMAHA													

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	171.00	100.89	9.17	18.34	71.57	71.92	0.00	71.92

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-253 Sequestration - reduction in federal spending

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

MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.

N620 Alert: This procedure code is for quality reporting / informational purposes only.

PR-1 Deductible Amount

PR-2 Coinsurance Amount



WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
(866)234-7331

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-03-11
EFT #: 898998346
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME BEMKE, KENNETH G			HIC 3M07QN8AM47		ACNT	4937LMD642	ICN 1825056646620		ASG Y	MOA	MA01	MA18	MA15
1013940584	0219	021925	11	1	99215	25	295.00	169.85	0.00	33.97	CO-45	125.15	133.16
											CO-253	2.72	
1013940584	0219	021925	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
					REM: N20								
1013940584	0219	021925	11	1	2000F		0.00	0.00	0.00	0.00			
					REM: N620								
PT RESP	33.97			CLAIM TOTALS			320.00	169.85	0.00	33.97		152.87	133.16
ADJ TO TOTAL: PREV PD					INTEREST		0.00	LATE FILING CHARGE		0.00	NET	133.16	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI													

NAME CARTER, RICHARD A			HIC 5DE5EW9VV50		ACNT	4959LMD642	ICN 1825056646560		ASG Y	MOA	MA01	MA15	
1306898036	0224	022425	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15	119.41
											CO-253	2.44	
1306898036	0224	022425	11	1	99497	33	132.00	77.66	0.00	0.00	CO-45	54.34	76.11
											CO-253	1.55	
1306898036	0224	022425	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
					REM: N390								
1306898036	0224	022425	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-45	13.78	15.90
											CO-253	0.32	
1306898036	0224	022425	11	1	G8510		0.00	0.00	0.00	0.00			
					REM: N620								
1306898036	0224	022425	11	1	G9622		0.00	0.00	0.00	0.00			
					REM: N620								
PT RESP	0.00			CLAIM TOTALS			548.00	215.73	0.00	0.00		336.58	211.42
ADJ TO TOTAL: PREV PD					INTEREST		0.00	LATE FILING CHARGE		0.00	NET	211.42	
STATUS CODE 1: Processed as Primary													

NAME HAMMOND, KIM S			HIC 6MW2DK6GW92		ACNT	4950LMD642	ICN 1825056646670		ASG Y	MOA	MA01	MA18	MA15
1013940584	0224	022425	11	1	99213	25	146.00	85.63	85.63	0.00	CO-45	60.37	0.00
											CO-234	25.00	0.00
					REM: N20								
1013940584	0224	022425	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92	5.66
											CO-253	0.12	
1013940584	0224	022425	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67	5.08
											CO-253	0.10	
PT RESP	85.63			CLAIM TOTALS			203.55	96.59	85.63	0.00		107.18	10.74
ADJ TO TOTAL: PREV PD					INTEREST		0.00	LATE FILING CHARGE		0.00	NET	10.74	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: AMERICAN CONTINENTAL INSU.													

NAME MINER, DIANA J			HIC 6E71H52TH12		ACNT	4970LMD642	ICN 1825056646650		ASG Y	MOA	MA01		
1013940584	0927	092724	11	1	90662		90.00	83.49	0.00	0.00	CO-45	6.51	81.82
											CO-253	1.67	
1013940584	0927	092724	11	1	G0008		41.00	31.50	0.00	0.00	CO-45	9.50	30.87
											CO-253	0.63	
PT RESP	0.00			CLAIM TOTALS			131.00	114.99	0.00	0.00		18.31	112.69
ADJ TO TOTAL: PREV PD					INTEREST		0.00	LATE FILING CHARGE		0.00	NET	112.69	
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
	4	1202.55	597.16	85.63	33.97	614.94	468.01	0.00	468.01

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

CO-253 Sequestration - reduction in federal spending

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

MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.



WPS GH A - MAC J8 MI PART B		REMITTANCE
NPI #:	1982923660	ADVISE
	TIMOTHY J. TOBOLIC, MD, PLLC	
EFT #:	898998346	PAGE #: 2 of 2
MA15	Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.	
MA18	Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.	
N20	Service not payable with other service rendered on the same date.	
N390	This service / report cannot be billed separately.	
N620	Alert: This procedure code is for quality reporting / informational purposes only.	
PR-1	Deductible Amount	
PR-2	Coinsurance Amount	



WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
(866)234-7331

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-12
EFT #: 899002202
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	TOBIN, GERALD L				HIC 2PJ5RM6HA86	ACNT 4989LMD642				ICN 1825057620580	ASG Y	MOA MA01 MA18 MA15
1013940584	0225	022525	11	1	99214	25	219.00	120.84	0.00	24.17	CO-45	98.16 94.74
1013940584	0225	022525	11	1	G2211		25.00	0.00	0.00	0.00	CO-253	1.93
						REM: N20					CO-234	25.00 0.00
1013940584	0225	022525	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92 5.66
											CO-253	0.12
1013940584	0225	022525	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67 5.08
											CO-253	0.10
PT RESP	24.17				CLAIM TOTALS		276.55	131.80	0.00	24.17		146.90 105.48
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 105.48
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	276.55	131.80	0.00	24.17	146.90	105.48	0.00	105.48

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.
CO-253 Sequestration - reduction in federal spending
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.
MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.
N20 Service not payable with other service rendered on the same date.
PR-2 Coinsurance Amount



WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
(866)234-7331
WWW.WPSMEDICARE.COM

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-03-13
EFT #: 899006280
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	BURD, MELVIN G				HIC 7RN5R16NE52	ACNT 5022LMD642			ICN 1825058690180	ASG Y	MOA MA01 MA15	
1013940584	0226	022625	11	1	99213	25	146.00	85.63	85.63	0.00	CO-45	60.37 0.00
1013940584	0226	022625	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00 0.00
					REM: N20							
1013940584	0226	022625	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92 5.66
											CO-253	0.12
1013940584	0226	022625	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67 5.08
											CO-253	0.10
1013940584	0226	022625	11	1	2000F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	85.63				CLAIM TOTALS		203.55	96.59	85.63	0.00		107.18 10.74
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 10.74
STATUS CODE 1: Processed as Primary												

NAME	SOTTOVIA, STEVEN T				HIC 6JQ6W19MC62	ACNT 4882LMD642			ICN 1825058690130	ASG Y	MOA MA01 MA15	
1306898036	0219	021925	11	1	G0439		361.00	0.00	0.00	0.00	PR-26	361.00 0.00
					REM: N130							
1306898036	0219	021925	11	1	99396	25	327.00	0.00	0.00	0.00	PR-96	327.00 0.00
					REM: N130							
1306898036	0219	021925	11	1	99497	33	132.00	0.00	0.00	0.00	CO-236	132.00 0.00
1306898036	0219	021925	11	1	99406		27.06	0.00	0.00	0.00	CO-236	27.06 0.00
1306898036	0219	021925	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00 0.00
					REM: N390							
1306898036	0219	021925	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-45	13.78 15.90
											CO-253	0.32
1306898036	0219	021925	11	1	90715		87.00	0.00	0.00	0.00	PR-96	87.00 0.00
					REM: N115							
					HCPI: L34596	A56900						
1306898036	0219	021925	11	1	90471		41.00	0.00	0.00	0.00	PR-96	41.00 0.00
					REM: N115							
					HCPI: L34596	A56900						
1306898036	0219	021925	11	1	G9622		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0219	021925	11	1	G8510		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	816.00				CLAIM TOTALS		1030.06	16.22	0.00	0.00		1014.16 15.90
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 15.90
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	1233.61	112.81	85.63	0.00	1121.34	26.64	0.00	26.64

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.
CO-236 This procedure or procedure / modifier combination is not compatible with another procedure or procedure / modifier combination provided on the same day according to the National Correct Coding Initiative.
CO-253 Sequestration - reduction in federal spending
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.
MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
N115 This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD). An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd>, or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.
N130 Consult plan benefit documents / guidelines for information about restrictions for this service.
N20 Service not payable with other service rendered on the same date.
N390 This service / report cannot be billed separately.
N620 Alert: This procedure code is for quality reporting / informational purposes only.



WPS GHA - MAC J8 MI PART B

NPI #: 1982923660

TIMOTHY J. TOBOLIC, MD, PLLC

EFT #: 899006280

PAGE #: 2 of 2

PR-1 Deductible Amount

PR-26 Expenses incurred prior to coverage.

PR-96 Non-covered charge(s).

REMITTANCE

ADVICE

DATE: 2025-03-13



WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
(866)234-7331

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-03-18
EFT #: 899018590
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME MINER, DIANA J			HIC 6E71H52TH12		ACNT	5056LMD642	ICN 1825063654930		ASG Y	MOA	MA01	MA18	MA15
1013940584	0225	022525	11	1	99214	25	219.00	120.84	120.84	0.00	CO-45	98.16	0.00
1013940584	0225	022525	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
REM: N20													
1013940584	0225	022525	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67	5.08
												CO-253	0.10
1013940584	0225	022525	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92	5.66
												CO-253	0.12
1013940584	0225	022525	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18
1013940584	0225	022525	11	1	2000F		0.00	0.00	0.00	0.00			0.00
REM: N620													
PT RESP		120.84			CLAIM TOTALS		296.55	140.89	120.84	0.00		156.06	19.65
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	19.65
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP													

NAME SWIGER, NANCY A			HIC 2M51EP2TK01		ACNT	5062LMD642	ICN 1825063654870		ASG Y	MOA	MA01	MA15	
1306898036	0303	030325	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15	119.41
												CO-253	2.44
1306898036	0303	030325	11	1	99497	33	132.00	77.66	0.00	0.00	CO-45	54.34	76.11
												CO-253	1.55
1306898036	0303	030325	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
REM: N390													
1306898036	0303	030325	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92	5.66
												CO-253	0.12
1306898036	0303	030325	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67	5.08
												CO-253	0.10
1306898036	0303	030325	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-45	13.78	15.90
												CO-253	0.32
1306898036	0303	030325	11	1	G9622		0.00	0.00	0.00	0.00			0.00
REM: N620													
1306898036	0303	030325	11	1	G8510		0.00	0.00	0.00	0.00			0.00
REM: N620													
1306898036	0303	030325	11	1	1036F		0.00	0.00	0.00	0.00			0.00
REM: N620													
PT RESP		0.00			CLAIM TOTALS		580.55	226.69	0.00	0.00		358.39	222.16
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	222.16
STATUS CODE 1: Processed as Primary													

NAME VANDERVEEN, PATRICIA A			HIC 9FG6RK1EM53		ACNT	5047LMD642	ICN 1825063654910		ASG Y	MOA	MA01	MA18	MA15
1306898036	0228	022825	11	1	99495		318.00	192.73	0.00	38.55	CO-45	125.27	151.10
												CO-253	3.08
1306898036	0228	022825	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
REM: N390													
1306898036	0228	022825	11	1	G8420		0.00	0.00	0.00	0.00			0.00
REM: N620													
1306898036	0228	022825	11	1	1036F		0.00	0.00	0.00	0.00			0.00
REM: N620													
PT RESP		38.55			CLAIM TOTALS		343.00	192.73	0.00	38.55		153.35	151.10
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	151.10
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: CIGNA INSURANCE COMPANY													

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	1220.10	560.31	120.84	38.55	667.80	392.91	0.00	392.91

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.
CO-253 Sequestration - reduction in federal spending
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To



WPS GH4 - MAC J8 MI PART B

REMITTANCE

NPI #: 1982923660

TIMOTHY J. TOBOLIC, MD, PLLC

ADVICE

EFT #: 899018590

PAGE #: 2 of 2

DATE: 2025-03-18

make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.

N20 Service not payable with other service rendered on the same date.

N390 This service / report cannot be billed separately.

N620 Alert: This procedure code is for quality reporting / informational purposes only.

PR-1 Deductible Amount

PR-2 Coinsurance Amount



WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
(866)234-7331

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 3
DATE: 2025-05-08
EFT #: 899173322
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	BLACKPORT, PAUL					HIC 2YW9UC8TY35	ACNT	5930LMD642			ICN 1825114689410	ASG Y	MOA	MA01 MA18 MA15
1306898036	0418	041825	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
												CO-253	2.44	
1306898036	0418	041825	11	1	99397	25		341.00	0.00	0.00	0.00	PR-96	341.00	0.00
						REM: N130								
1306898036	0418	041825	11	1	99497	33		132.00	77.66	0.00	0.00	CO-45	54.34	76.11
												CO-253	1.55	
1306898036	0418	041825	11	1	G2211			25.00	0.00	0.00	0.00	CO-234	25.00	0.00
						REM: N390								
1306898036	0418	041825	11	1	G0136	33		34.80	17.40	0.00	0.00	CO-45	17.40	17.05
												CO-253	0.35	
1306898036	0418	041825	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1306898036	0418	041825	11	1	G0444	XU		91.00	16.22	0.00	0.00	CO-45	74.78	15.90
												CO-253	0.32	
1306898036	0418	041825	11	1	G0442	XU		43.00	16.22	0.00	0.00	CO-45	26.78	15.90
												CO-253	0.32	
1306898036	0418	041825	11	1	G0447	XU		50.00	30.94	0.00	0.00	CO-45	19.06	30.32
												CO-253	0.62	
1306898036	0418	041825	11	1	G0557			94.10	47.05	47.05	0.00	CO-45	47.05	0.00
1306898036	0418	041825	11	1	G0446	XU		30.00	30.00	0.00	0.00	CO-253	0.60	29.40
1306898036	0418	041825	11	1	G9622			0.00	0.00	0.00	0.00			0.00
						REM: N620								
1306898036	0418	041825	11	1	1036F			0.00	0.00	0.00	0.00			0.00
						REM: N620								
1306898036	0418	041825	11	1	2000F			0.00	0.00	0.00	0.00			0.00
						REM: N620								
PT RESP	388.05					CLAIM TOTALS		1221.90	366.43	47.05	0.00		861.85	313.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	313.00
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: AMERICAN CONTINENTAL INSU.														

NAME	MINER, EDWARD B					HIC 3RH1KP7NJ12	ACNT	6030LMD642			ICN 1825114689480	ASG Y	MOA	MA01 MA18 MA15
1013940584	0424	042425	11	1	99215	25		295.00	169.85	0.00	33.97	CO-45	125.15	133.16
												CO-253	2.72	
1013940584	0424	042425	11	1	G2211			25.00	15.26	0.00	3.05	CO-45	9.74	11.97
												CO-253	0.24	
1013940584	0424	042425	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-253	0.62	
1013940584	0424	042425	11	1	99401	25		65.00	0.00	0.00	0.00	PR-96	65.00	0.00
						REM: N130								
1013940584	0424	042425	11	1	2000F			0.00	0.00	0.00	0.00			0.00
						REM: N620								
PT RESP	102.02					CLAIM TOTALS		450.00	216.05	0.00	37.02		237.53	175.45
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	175.45
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP														



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME VANDAM, CHERYL						HIC 2PC1PE4PD11	ACNT 6007LMD642			ICN 1825114689440	ASG Y	MOA MA01	N89 MA18	MA1
1306898036	0423	042325	11	1	99212	25		87.00	52.53	52.53	0.00	CO-45	34.47	0.00
1306898036	0423	042325	11	1	81003			33.60	0.00	0.00	0.00	CO-B7	33.60	0.00
						REM: N570								
1306898036	0423	042325	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-253	0.62	
1306898036	0423	042325	11	1	99401	25		65.00	0.00	0.00	0.00	PR-96	65.00	0.00
						REM: N130								
1306898036	0423	042325	11	1	G2211			25.00	15.26	15.26	0.00	CO-45	9.74	0.00
1306898036	0423	042325	11	1	1036F			0.00	0.00	0.00	0.00			0.00
						REM: N620								
1306898036	0423	042325	11	1	2000F			0.00	0.00	0.00	0.00			0.00
						REM: N620								
PT RESP	132.79					CLAIM TOTALS		275.60	98.73	67.79	0.00		177.49	30.32
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	30.32
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI														

NAME VANDAM, HENRY R						HIC 5PR3EY7XV88	ACNT 6015LMD642			ICN 1825114689460	ASG Y	MOA MA01	MA18	MA15
1306898036	0423	042325	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
												CO-253	2.44	
1306898036	0423	042325	11	1	99397	25		341.00	0.00	0.00	0.00	PR-96	341.00	0.00
						REM: N130								
1306898036	0423	042325	11	1	99497	33		132.00	77.66	0.00	0.00	CO-45	54.34	76.11
												CO-253	1.55	
1306898036	0423	042325	11	1	G0557			94.10	47.05	5.60	8.29	CO-45	47.05	32.50
												CO-253	0.66	
1306898036	0423	042325	11	1	G0136	XU		65.00	17.40	0.00	3.48	CO-45	47.60	13.64
												CO-253	0.28	
1306898036	0423	042325	11	1	G2211			25.00	0.00	0.00	0.00	CO-234	25.00	0.00
						REM: N390								
1306898036	0423	042325	11	1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	5.66
												CO-253	0.12	
1306898036	0423	042325	11	1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67	5.08
												CO-253	0.10	
1306898036	0423	042325	11	1	G0444	XU		91.00	16.22	0.00	0.00	CO-45	74.78	15.90
												CO-253	0.32	
1306898036	0423	042325	11	1	G0442	XU		43.00	16.22	0.00	0.00	CO-45	26.78	15.90
												CO-253	0.32	
1306898036	0423	042325	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1306898036	0423	042325	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-253	0.62	
1306898036	0423	042325	11	1	99401	25		65.00	0.00	0.00	0.00	PR-96	65.00	0.00
						REM: N130								
1306898036	0423	042325	11	1	G0446	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-253	0.62	
1306898036	0423	042325	11	1	G9622			0.00	0.00	0.00	0.00			0.00
						REM: N620								
1306898036	0423	042325	11	1	1036F			0.00	0.00	0.00	0.00			0.00
						REM: N620								
1306898036	0423	042325	11	1	2000F			0.00	0.00	0.00	0.00			0.00
						REM: N620								
PT RESP	423.37					CLAIM TOTALS		1399.65	378.33	5.60	11.77		1028.53	353.75
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	353.75
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI														

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	4	3347.15	1059.54	120.44	48.79	2305.40	872.52	0.00	872.52

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

CO-253 Sequestration - reduction in federal spending

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

CO-B7 This provider was not certified / eligible to be paid for this procedure / service on this date of service.

MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.



WPS GH4 - MAC J8 MI PART B

REMITTANCE

NPI #: 1982923660

TIMOTHY J. TOBOLIC, MD, PLLC

ADVICE

EFT #: 899173322 PAGE #: 3 of 3

DATE: 2025-05-08

N130 Consult plan benefit documents / guidelines for information about restrictions for this service.

N390 This service / report cannot be billed separately.

N570 Missing / incomplete / invalid credentialing data

N620 Alert: This procedure code is for quality reporting / informational purposes only.

N89 Alert: Payment information for this claim has been forwarded to more than one other payer, but format limitations permit only one of the secondary payers to be identified in this remittance advice.

PR-1 Deductible Amount

PR-2 Coinsurance Amount

PR-96 Non-covered charge(s).



WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
(866)234-7331

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-05-09
EFT #: 899177531
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	GOSCIAK, DOUGLAS				HIC 3PM3RE3TG73	ACNT	6019LMD642		ICN 1825115731240	ASG Y	MOA	MA01 MA18 MA15
1306898036	0423	042325	11	1	G0439		361.00	121.85	0.00	0.00	CO-45 239.15 CO-253 2.44 PR-96 341.00	119.41
1306898036	0423	042325	11	1	99397 25		341.00	0.00	0.00	0.00		0.00
					REM: N130							
1306898036	0423	042325	11	1	99497 33		132.00	77.66	0.00	0.00	CO-45 54.34 CO-253 1.55	76.11
1306898036	0423	042325	11	1	G2211		25.00	0.00	0.00	0.00	CO-234 25.00	0.00
					REM: N390							
1306898036	0423	042325	11	1	G0136 33		65.00	17.40	0.00	0.00	CO-45 47.60 CO-253 0.35	17.05
1306898036	0423	042325	11	1	36415		20.00	9.09	0.00	0.00	CO-45 10.91 CO-253 0.18	8.91
1306898036	0423	042325	11	1	G0444 XU		91.00	16.22	0.00	0.00	CO-45 74.78 CO-253 0.32	15.90
1306898036	0423	042325	11	1	G0442 XU		43.00	16.22	0.00	0.00	CO-45 26.78 CO-253 0.32	15.90
1306898036	0423	042325	11	1	G0447 XU		65.00	30.94	0.00	0.00	CO-45 34.06 CO-253 0.62	30.32
1306898036	0423	042325	11	1	99401 25		65.00	0.00	0.00	0.00	PR-96 65.00	0.00
					REM: N130							
1306898036	0423	042325	11	1	G0446 XU		65.00	30.94	0.00	0.00	CO-45 34.06 CO-253 0.62	30.32
1306898036	0423	042325	11	1	82043 QW		14.70	5.78	0.00	0.00	CO-45 8.92 CO-253 0.12	5.66
1306898036	0423	042325	11	1	82570 QW		17.85	5.18	0.00	0.00	CO-45 12.67 CO-253 0.10	5.08
1306898036	0423	042325	11	1	G0557		94.10	47.05	0.00	9.41	CO-45 47.05 CO-253 0.75	36.89
1306898036	0423	042325	11	1	2000F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0423	042325	11	1	G9622		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0423	042325	11	1	1036F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	415.41				CLAIM TOTALS		1399.65	378.33	0.00	9.41	1028.69	361.55
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	361.55
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI												
TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT			
	1	1399.65	378.33	0.00	9.41	1028.69	361.55	0.00	361.55			

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.
CO-253 Sequestration - reduction in federal spending
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.
MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.
N130 Consult plan benefit documents / guidelines for information about restrictions for this service.
N390 This service / report cannot be billed separately.
N620 Alert: This procedure code is for quality reporting / informational purposes only.
PR-2 Coinsurance Amount
PR-96 Non-covered charge(s).



WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
(866)234-7331

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-06
EFT #: 898986074
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	ROMME, JANIS				HIC 3RK9CK4HE39	ACNT 4841LMD642				ICN 1825051618180	ASG Y	MOA MA01 MA18 MA15
1013940584	0218	021825	11	1	99213		146.00	85.63	0.00	17.13	CO-45	60.37 67.13
1013940584	0218	021825	11	1	G2211		25.00	15.26	0.00	3.05	CO-253	1.37
1013940584	0218	021825	11	1	2000F		0.00	0.00	0.00	0.00	CO-45	9.74 11.97
											CO-253	0.24
						REM: N620						
PT RESP	20.18				CLAIM TOTALS		171.00	100.89	0.00	20.18		71.72 79.10
ADJ TO TOTAL: PREV PD					INTEREST		0.00					
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: WEBTPA EMPLOYER SERVICES												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	171.00	100.89	0.00	20.18	71.72	79.10	0.00	79.10

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-253 Sequestration - reduction in federal spending

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

MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.

N620 Alert: This procedure code is for quality reporting / informational purposes only.

PR-2 Coinsurance Amount



AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE []
 PO BOX 740819
 ATLANTA, GA 303740819
 (800)227-7789

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-03-13
 EFT #: 11217519768
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME GREELEY, MARGIE L			HIC 06347406912		ACNT	4508LMD642	ICN 554382571211		ASG Y	MOA	
1013940584	0131	013125	11	0	99213	146.00	85.63	0.00	0.00	OA-23	85.63
1013940584	0131	013125	11	0	G2211	25.00	15.26	0.00	0.00	OA-23	15.26
PT RESP	0.00	CLAIM TOTALS				171.00	100.89	0.00	0.00	70.11	100.89
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE		0.00	NET	100.89
STATUS CODE 2: Processed as Secondary											
NAME MINER, EDWARD B			HIC 39940795711		ACNT	4408LMD642	ICN 554472479111		ASG Y	MOA	
1013940584	0127	012725	11	0	99214 25	219.00	120.84	0.00	0.00	OA-23	4.17
1013940584	0127	012725	11	0	G2211	25.00	0.00	0.00	0.00	PR-3	20.00
PT RESP	45.00	CLAIM TOTALS				244.00	120.84	0.00	0.00	PR-204	0.00
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE		0.00	NET	4.17
STATUS CODE 2: Processed as Secondary											

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	415.00	221.73	0.00	0.00	309.94	105.06	0.00	105.06

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments
 PR-204 This service / equipment / drug is not covered under the patient's current benefit plan
 PR-3 Co-payment Amount



AARP SUPPLEMENTAL HEALTH PLANS FROM UNITEDHEALTHCARE []
 PO BOX 740819
 ATLANTA, GA 303740819
 (800)227-7789

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-05-08
 EFT #: 11247370192
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DUFON, RENEE			HIC 02189379211	ACNT	5384LMD642	ICN 559922573561			ASG Y	MOA	
1013940584	0319	031925	11	0	G0439	361.00	0.00	0.00	0.00	PR-204	361.00 0.00
1013940584	0319	031925	11	0	99497 33	132.00	77.66	0.00	0.00	OA-23	54.34 77.66
1013940584	0319	031925	11	0	99214 25	219.00	120.84	0.00	0.00	OA-23	98.16 120.84
1013940584	0319	031925	11	0	G0442 XU	30.00	0.00	0.00	0.00	PR-204	30.00 0.00
1013940584	0319	031925	11	0	G0444 XU	29.45	0.00	0.00	0.00	PR-204	29.45 0.00
1013940584	0319	031925	11	0	G0136 33	34.80	0.00	0.00	0.00	PR-204	34.80 0.00
1013940584	0319	031925	11	0	G2211	25.00	15.26	0.00	0.00	OA-23	9.74 15.26
PT RESP	455.25	CLAIM TOTALS				831.25	213.76	0.00	0.00		617.49 213.76
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	213.76
STATUS CODE 2: Processed as Secondary											

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	831.25	213.76	0.00	0.00	617.49	213.76	0.00	213.76

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments
 PR-204 This service / equipment / drug is not covered under the patient's current benefit plan



AETNA []
 1021 REAMS FLEMING BLVD
 FRANKLIN, TN 37064
 (000)000-0000

REMITTANCE
 ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
 7740 BYRON CENTER AVE SW
 STE 202
 BYRON CENTER, MI 493156929

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-05-08
 EFT #: 667552021
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HANSEN, DEBRA			HIC ACC6755034	ACNT 5600LMD642			ICN 279512083		ASG Y MOA	
	0401 040125	1	99214		219.00	24.17	0.00	0.00	OA-23 194.83	4.17
									PR-3 20.00	
	0401 040125	1	G2211		25.00	3.05	0.00	0.00	OA-23 21.95	3.05
	0401 040125	1	2000F		0.00	0.00	0.00	0.00		0.00
PT RESP	20.00		CLAIM TOTALS		244.00	27.22	0.00	0.00		7.22
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00 NET	7.22
STATUS CODE 2: Processed as Secondary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	0.18

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	244.00	27.22	0.00	0.00	236.78	7.04	0.18	7.04

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments
 PR-3 Co-payment Amount



AETNA []
151 FARMINGTON AVENUE
HARTFORD, CT 06156
(000)000-0000

REMITTANCE
ADVICE

TOBOLIC, TIMOTHY J [355706410]
7740 BYRON CENTER AVE SW STE 202
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-05-08
EFT #: 882512301020608
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	GROVER, MARTHA J				HIC 102093467800	ACNT 5958LMD642				ICN EQJNM6JWK0001	ASG Y MOA	
1306898036	0421	042125	11	1	G0439		361.00	121.85	0.00	60.92	CO-253	59.71
					REM: N669						1.22	
1306898036	0421	042125	11	1	99397	25	341.00	137.65	0.00	55.06	CO-45	80.94
											239.15	
1306898036	0421	042125	11	1	99497	33	132.00	77.66	0.00	38.83	CO-253	38.05
					REM: N669						1.65	
1306898036	0421	042125	11	1	36415		20.00	9.09	0.00	0.00	CO-45	
					REM: N669						203.35	
1306898036	0421	042125	11	1	G0136	XU	65.00	17.40	0.00	8.70	CO-253	8.53
					REM: N669						0.78	
1306898036	0421	042125	11	1	G0444	XU	91.00	16.22	0.00	8.11	CO-45	
					REM: N669						54.34	
1306898036	0421	042125	11	1	G0442	XU	43.00	16.22	0.00	8.11	CO-253	7.95
					REM: N669						0.18	
1306898036	0421	042125	11	1	G0446	XU	65.00	30.94	0.00	15.47	CO-45	
					REM: N669						10.91	
1306898036	0421	042125	11	1	G2211		25.00	0.00	0.00	0.00	CO-253	15.16
					REM: N674						0.31	
1306898036	0421	042125	11	1	G0558		206.72	103.36	0.00	51.68	CO-45	0.00
					REM: N669						25.00	
1306898036	0421	042125	11	1	3074F		0.00	0.00	0.00	0.00		
					REM: N620						1.03	
1306898036	0421	042125	11	1	3078F		0.00	0.00	0.00	0.00	CO-45	50.65
					REM: N620						103.36	
1306898036	0421	042125	11	1	G9622		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0421	042125	11	1	1036F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0421	042125	11	1	1158F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0421	042125	11	1	1160F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0421	042125	11	1	1159F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0421	042125	11	1	2000F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0421	042125	11	1	2001F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0421	042125	11	1	3008F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	246.88				CLAIM TOTALS		1349.72	530.39	0.00	246.88		
ADJ TO TOTAL: PREV PD					INTEREST		0.00					
PLAN TYPE: PPO - MEDICARE (AETNA)												
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
	1	1349.72	530.39	0.00	246.88	824.99	277.85	0.00	277.85

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-253 Sequestration - reduction in federal spending
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-B15 Payment adjusted because this service / procedure requires that a qualifying service / procedure be received and covered. The qualifying other service / procedure has not been received / adjudicated.
N620 Alert: This procedure code is for quality reporting / informational purposes only.
N669 Adjusted based on the Medicare fee schedule.
N674 Not covered unless a pre-requisite procedure / service has been provided.
PR-2 Coinsurance Amount



AETNA []
 151 FARMINGTON AVENUE
 HARTFORD, CT 06156
 (000)000-0000

REMITTANCE
 ADVICE

TOBOLIC, TIMOTHY J [355706410]
 7740 BYRON CENTER AVE SW STE 202
 BYRON CENTER, MI 493156929

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-03-05
 NONPAY #: 925064000274135
 TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	DREW, MARK R					HIC W155292280	ACNT	4963LMD642			ICN ERW0LYKFH0001	ASG Y	MOA MA15	
1982923660	0224	022425	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1982923660	0224	022425	11	1	3060F			0.00	0.00	0.00	0.00			0.00
1982923660	0224	022425	11	1	1158F			0.00	0.00	0.00	0.00			0.00
1982923660	0224	022425	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1982923660	0224	022425	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1982923660	0224	022425	11	1	G8420			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL:	PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE:	OPEN ACCESS AETNA SELECT					8480 NET 04634								
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
	1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.



Allied Benefit - ASO []
200 W Adams St
Chicago, IL 60606
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
SUITE 202
BYRON CENTER, MI 493156928

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-11
NONPAY #: nochk0014711
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	PHILLIPS, CECILIA				HIC ZZ5553796	ACNT	4895LMD642			ICN 4796681001	ASG Y	MOA	
	1113 111324	11	1	81001	QW		43.05	0.00	0.00	0.00	CO-231	43.05	0.00
PT RESP	0.00				CLAIM TOTALS		43.05	0.00	0.00	0.00		43.05	0.00
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE:	ASA												
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	43.05	0.00	0.00	0.00	43.05	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-231 Mutually exclusive procedures cannot be done in the same day / setting. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



ASR Health Benefits []
PO Box 6392
Grand Rapids, MI 49516
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY TOBOLIC MD PLLC
SUITE 202
7740 BYRON CENTER AVENUE
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-13
EFT #: 634803496
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KITLER, DEBORAH			HIC P0422529		ACNT 4904LMD642		ICN 6311867901		ASG Y		MOA	
		0220 022025 11	1	99496 25			446.00	301.33	0.00	0.00	CO-45	281.33
											144.67	
		0220 022025 11	1	36415			20.00	4.30	0.00	0.00	PR-3	4.30
											20.00	
		0220 022025 11	1	1111F			0.00	0.00	0.00	0.00	CO-45	0.00
		0220 022025 11	1	3008F			0.00	0.00	0.00	0.00		0.00
		0220 022025 11	1	2001F			0.00	0.00	0.00	0.00		0.00
		0220 022025 11	1	2000F			0.00	0.00	0.00	0.00		0.00
		0220 022025 11	1	1000F			0.00	0.00	0.00	0.00		0.00
		0220 022025 11	1	1159F			0.00	0.00	0.00	0.00		0.00
		0220 022025 11	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP		20.00	CLAIM TOTALS				466.00	305.63	0.00	0.00		285.63
ADJ TO TOTAL: PREV PD				INTEREST			0.00		LATE FILING CHARGE		180.37	285.63
PLAN TYPE: AS1											NET	
STATUS CODE 1: Processed as Primary												

NAME KITLER, DEBORAH			HIC P0422529		ACNT 4903LMD642		ICN 6311957101		ASG Y		MOA	
		0219 021925 11	1	99496			40.00	40.00	0.00	0.00	PR-3	20.00
PT RESP		20.00	CLAIM TOTALS				40.00	40.00	0.00	0.00		20.00
ADJ TO TOTAL: PREV PD				INTEREST			0.00		LATE FILING CHARGE		20.00	20.00
PLAN TYPE: AS1											NET	
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	7.55

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	506.00	345.63	0.00	0.00	200.37	298.08	7.55	298.08

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
PR-3 Co-payment Amount



BCBSM []
600 E LAFAYETTE
DETROIT, MI 482262998
(800)282-4548

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC

BYRON CENTER, MI 493156928

NPI #: 1982923660
PAGE #: 1 of 3
DATE: 2025-03-12
EFT #: 509687211
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME FORDHAM, GARY N			HIC ASN913253225 ACNT		4789LMD642	ICN 26250582294900710		ASG Y	MOA			
1013940584	0213	021325	11	1	99396	25	327.00	165.75	0.00	0.00	CO-144	153.31
1013940584 0213 021325 11 1 96127 XU 40.00 7.46 0.00 0.00 CO-144 12.44 161.25 6.90												
1013940584 0213 021325 11 1 96127 XU 40.00 7.46 7.46 0.00 CO-45 32.54 0.00												
1013940584 0213 021325 11 1 82043 QW 14.70 4.34 4.34 0.00 CO-45 10.36 0.00												
1013940584 0213 021325 11 1 82570 QW 17.85 3.89 3.89 0.00 CO-45 13.96 0.00												
1013940584 0213 021325 11 1 3074F 0.00 0.00 0.00 0.00 0.00 0.00												
1013940584 0213 021325 11 1 3078F 0.00 0.00 0.00 0.00 0.00 0.00												
1013940584 0213 021325 11 1 36415 20.00 5.00 0.00 0.00 CO-144 0.38 4.62												
1013940584 0213 021325 11 1 3061F 0.00 0.00 0.00 0.00 CO-45 15.00 0.00												
1013940584 0213 021325 11 1 G9622 0.00 0.00 0.00 0.00 0.00 0.00												
1013940584 0213 021325 11 1 G8510 0.00 0.00 0.00 0.00 0.00 0.00												
PT RESP 15.69 CLAIM TOTALS							459.55	193.90	15.69	0.00	279.03	164.83
ADJ TO TOTAL: PREV PD INTEREST							0.00	LATE FILING CHARGE	0.00	NET	164.83	
STATUS CODE 1: Processed as Primary												

NAME FORDHAM, GARY N			HIC ASN913253225 ACNT		5058LMD642	ICN 26250640211600710		ASG Y	MOA			
1013940584	0225	022525	11	1	99213	25	171.26	98.69	0.00	0.00	CO-144	46.29
1013940584 0225 022525 11 1 11303 LT 250.00 0.00 0.00 0.00 CO-45 7.40 72.57 0.00												
1013940584 0225 022525 11 1 3074F 0.00 0.00 0.00 0.00 CO-4 250.00 0.00												
1013940584 0225 022525 11 1 3079F 0.00 0.00 0.00 0.00 0.00 0.00												
1013940584 0225 022525 11 1 3008F 0.00 0.00 0.00 0.00 0.00 0.00												
1013940584 0225 022525 11 1 2001F 0.00 0.00 0.00 0.00 0.00 0.00												
1013940584 0225 022525 11 1 2000F 0.00 0.00 0.00 0.00 0.00 0.00												
1013940584 0225 022525 11 1 1000F 0.00 0.00 0.00 0.00 0.00 0.00												
1013940584 0225 022525 11 1 1159F 0.00 0.00 0.00 0.00 0.00 0.00												
1013940584 0225 022525 11 1 1160F 0.00 0.00 0.00 0.00 0.00 0.00												
PT RESP 45.00 CLAIM TOTALS							421.26	98.69	0.00	0.00	374.97	46.29
ADJ TO TOTAL: PREV PD INTEREST							0.00	LATE FILING CHARGE	0.00	NET	46.29	
STATUS CODE 1: Processed as Primary												

NAME LEE, JASON M			HIC RER955M78329 ACNT		4438LMD642	ICN 26250301974900710		ASG Y	MOA			
1013940584	0127	012725	11	1	99386	25	-388.00	0.00	0.00	0.00	CO-119	0.00
1013940584 0127 012725 11 1 3074F 0.00 0.00 0.00 0.00 0.00 0.00												
1013940584 0127 012725 11 1 82043 QW -14.70 0.00 0.00 0.00 CO-45 -10.36 -4.34												
1013940584 0127 012725 11 1 82570 QW -17.85 0.00 0.00 0.00 CO-45 -13.96 -3.89												
1013940584 0127 012725 11 1 3078F 0.00 0.00 0.00 0.00 0.00 0.00												
1013940584 0127 012725 11 1 3061F 0.00 0.00 0.00 0.00 0.00 0.00												
PT RESP 0.00 CLAIM TOTALS							-420.55	0.00	0.00	0.00	-412.32	-8.23
ADJ TO TOTAL: PREV PD INTEREST							0.00	LATE FILING CHARGE	0.00	NET	-8.23	
STATUS CODE 22: Reversal of Previous Payment												

NAME LEE, JASON M			HIC RER955M78329 ACNT		4438LMD642	ICN 26250301974902710		ASG Y	MOA			
1013940584	0127	012725	11	1	99396	25	327.00	165.75	0.00	0.00	CO-144	153.31
1013940584 0127 012725 11 1 3074F 0.00 0.00 0.00 0.00 CO-45 161.25 0.00												
1013940584 0127 012725 11 1 82043 QW 14.70 4.34 0.00 0.00 CO-45 10.36 4.34												
1013940584 0127 012725 11 1 82570 QW 17.85 3.89 0.00 0.00 CO-45 13.96 3.89												
1013940584 0127 012725 11 1 3078F 0.00 0.00 0.00 0.00 0.00 0.00												
1013940584 0127 012725 11 1 3061F 0.00 0.00 0.00 0.00 0.00 0.00												
PT RESP 0.00 CLAIM TOTALS							359.55	173.98	0.00	0.00	198.01	161.54
ADJ TO TOTAL: PREV PD INTEREST							0.00	LATE FILING CHARGE	0.00	NET	161.54	
STATUS CODE 1: Processed as Primary												



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME REYNOLDS, KYLIE M					HIC	WMW12308928W02	ACNT	4978LMD642	ICN		26250582297000710	ASG	Y	MOA
1306898036	0225	022525	11	1	99395			297.00	155.93	0.00	0.00	CO-144	11.70	144.23
												CO-45	141.07	
1306898036	0225	022525	11	1	G0442	XU		30.00	30.00	30.00	0.00			0.00
1306898036	0225	022525	11	1	G0444	XU		29.45	0.00	0.00	0.00	CO-234	29.45	0.00
REM: N20														
1306898036	0225	022525	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0225	022525	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0225	022525	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0225	022525	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	30.00					CLAIM TOTALS		356.45	185.93	30.00	0.00		182.22	144.23
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	144.23
STATUS CODE 1: Processed as Primary														

NAME SIEVERS, DENNIS W				HIC C5N838822346 ACNT 5066LMD642				ICN 26250640209100710				ASG Y	MOA	
1013940584	0303	030325	11	1	99214	25		219.00	143.12	143.12	0.00	CO-45	75.88	0.00
1013940584	0303	030325	11	1	81001			43.05	3.17	0.00	0.00	CO-45	39.88	3.17
1013940584	0303	030325	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0303	030325	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0303	030325	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0303	030325	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0303	030325	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0303	030325	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		143.12		CLAIM TOTALS				262.05	146.29	143.12	0.00		115.76	3.17
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	3.17
STATUS CODE 1: Processed as Primary														

NAME OLNEY, NAN				HIC	890844943	ACNT	4983LMD642	ICN 26250664191400710				ASG	Y	MOA
INSURED NAME: OLNEY, KENNETH														
1306898036	0225	022525	11	1	99214		219.00	120.84	0.00	0.00	OA-23	98.16	100.84	
											PR-3	20.00		
1306898036	0225	022525	11	1	G2211		25.00	0.00	0.00	0.00	CO-97	25.00	0.00	
1306898036	0225	022525	11	1	2000F		0.00	0.00	0.00	0.00			0.00	
PT RESP	20.00				CLAIM TOTALS		244.00	120.84	0.00	0.00		143.16	100.84	
ADJ TO TOTAL: PREV PD				INTEREST	0.00	LATE FILING CHARGE				0.00	NET	100.84		
STATUS CODE 2: Processed as Secondary														

NAME DAMSTRA, DEBRA L				HIC	MSE893355119	ACNT	3539LMD642	ICN 26250640415300710				ASG	Y	MOA	N152	
1013940584	1212	121224	11	1	99397	25	341.00	0.00	0.00	0.00	PI-16	341.00	0.00			
REM: N152																
1013940584	1212	121224	11	1	96127	XU	40.00	0.00	0.00	0.00	PI-16	40.00	0.00			
REM: N152																
1013940584	1212	121224	11	1	96127	XU	40.00	0.00	0.00	0.00	PI-16	40.00	0.00			
REM: N152																
1013940584	1212	121224	11	1	3074F		0.00	0.00	0.00	0.00				0.00		
1013940584	1212	121224	11	1	36415		15.00	0.00	0.00	0.00	PI-16	15.00	0.00			
REM: N152																
1013940584	1212	121224	11	1	3079F		0.00	0.00	0.00	0.00				0.00		
1013940584	1212	121224	11	1	3078F		0.00	0.00	0.00	0.00				0.00		
1013940584	1212	121224	11	1	1158F		0.00	0.00	0.00	0.00				0.00		
1013940584	1212	121224	11	1	G9622		0.00	0.00	0.00	0.00				0.00		
1013940584	1212	121224	11	1	G8510		0.00	0.00	0.00	0.00				0.00		
PT RESP	0.00				CLAIM TOTALS		436.00	0.00	0.00	0.00		436.00	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 FORDHAM, GARY N				HIC	ASN913253225	ACNT	4789LMD642	ICN 26250640209300710				ASG	Y	MOA	
1013940584	0213	021325	11	1	99396	25		327.00	0.00	0.00	0.00	OA-18		327.00	0.00
1013940584	0213	021325	11	1	96127	XU		40.00	0.00	0.00	0.00	OA-18		40.00	0.00
1013940584	0213	021325	11	1	96127	XU		40.00	0.00	0.00	0.00	OA-18		40.00	0.00
1013940584	0213	021325	11	1	82043	QW		14.70	0.00	0.00	0.00	OA-18		14.70	0.00
1013940584	0213	021325	11	1	82570	QW		17.85	0.00	0.00	0.00	OA-18		17.85	0.00
1013940584	0213	021325	11	1	3074F			0.00	0.00	0.00	0.00				0.00
1013940584	0213	021325	11	1	3078F			0.00	0.00	0.00	0.00				0.00
1013940584	0213	021325	11	1	36415			20.00	0.00	0.00	0.00	OA-18		20.00	0.00
1013940584	0213	021325	11	1	3061F			0.00	0.00	0.00	0.00				0.00
1013940584	0213	021325	11	1	G9622			0.00	0.00	0.00	0.00				0.00
1013940584	0213	021325	11	1	G8510			0.00	0.00	0.00	0.00				0.00
PT RESP	0.00				CLAIM TOTALS			459.55	0.00	0.00	0.00			459.55	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING	CHARGE		0.00		NET	0.00
STATUS CODE 1: Processed as Primary															



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME PATTERSON, LACEY M					HIC	NNK105308346	ACNT	4120LMD642		ICN 28250553110600710	ASG Y	MOA		
1013940584	0114	011425	11	1	99214			219.00	0.00	0.00	0.00	PR-22	219.00	0.00
1013940584	0114	011425	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0114	011425	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0114	011425	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0114	011425	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0114	011425	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0114	011425	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0114	011425	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0114	011425	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		219.00		CLAIM TOTALS				219.00	0.00	0.00	0.00		219.00	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 RABITOY, MARC A				HIC	XYQM69706315	ACNT	5048LMD642	ICN 26250640406700710				ASG Y	MOA	
1306898036	0228	022825	11	1	99213		146.00	98.69	98.69	0.00	CO-45	47.31	0.00	
1306898036	0228	022825	11	1	3074F		0.00	0.00	0.00	0.00			0.00	
1306898036	0228	022825	11	1	3078F		0.00	0.00	0.00	0.00			0.00	
1306898036	0228	022825	11	1	3008F		0.00	0.00	0.00	0.00			0.00	
1306898036	0228	022825	11	1	2001F		0.00	0.00	0.00	0.00			0.00	
1306898036	0228	022825	11	1	2000F		0.00	0.00	0.00	0.00			0.00	
1306898036	0228	022825	11	1	1000F		0.00	0.00	0.00	0.00			0.00	
1306898036	0228	022825	11	1	1159F		0.00	0.00	0.00	0.00			0.00	
1306898036	0228	022825	11	1	1160F		0.00	0.00	0.00	0.00			0.00	
PT RESP		98.69	CLAIM TOTALS			146.00	98.69	98.69	0.00			47.31	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 SCHIERBEEK, LUANNE				HIC	MSR916515303	ACNT	3682LMD642	ICN 26250640415000710				ASG Y	MOA	N152
1013940584	1218	121824	11	1	99396	25		327.00	0.00	0.00	0.00	PI-16	327.00	0.00
REM: N152														
1013940584	1218	121824	11	1	36415			15.00	0.00	0.00	0.00	PI-16	15.00	0.00
REM: N152														
1013940584	1218	121824	11	1	96127	XU		40.00	0.00	0.00	0.00	PI-16	40.00	0.00
REM: N152														
1013940584	1218	121824	11	1	96127	XU		40.00	0.00	0.00	0.00	PI-16	40.00	0.00
REM: N152														
1013940584	1218	121824	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP 0.00				CLAIM TOTALS				422.00	0.00	0.00	0.00		422.00	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	0.00
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
	12	3364.86	1018.32	287.50	0.00	2464.69	612.67	0.00	612.67

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-119 Benefit maximum for this time period or occurrence has been reached.

CO-144 Incentive adjustment, e.g. preferred product / service.

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

CO-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.

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

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

M20 Missing / incomplete / invalid HCPCS.

N152 Missing / incomplete / invalid replacement claim information.

N20 Service not payable with other service rendered on the same date.

N416 This service is allowed 1 time in a 3-year period. (This temporary code will be deactivated on 2 / 1/09. Must be used with Reason Code 119.)

OA-18 Duplicate claim / service.

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

PI-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

PR-1 Deductible Amount

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

PR-3 Co-payment Amount



BCBSM []
600 E LAFAYETTE
DETROIT, MI 482262998
(800)282-4548

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC

BYRON CENTER, MI 493156928

NPI #: 1982923660
PAGE #: 1 of 4
DATE: 2025-05-07
EFT #: 509805789
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME FULLER, JAIDE A HIC MIGM61689067 ACNT 6050LMD642 ICN 26251185859700710 ASG Y MOA														
INSURED NAME: MAHLICH, CAMERON A														
1013940584	0227	022725	11	1	99214	25		219.00	143.12	0.00	0.00	CO-144	10.74	112.38
												CO-45	75.88	
												PR-3	20.00	
1013940584	0227	022725	11	1	81025			21.00	8.61	8.61	0.00	CO-45	12.39	0.00
1013940584	0227	022725	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	28.61						CLAIM TOTALS	240.00	151.73	8.61	0.00		119.01	112.38
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING	CHARGE	0.00	NET	112.38
STATUS CODE 1: Processed as Primary														
NAME BAGLEY, RYAN D HIC BMB809819673 ACNT 6011LMD642 ICN 27251155551500710 ASG Y MOA														
1013940584	0423	042325	11	1	99213	25		146.00	98.69	0.00	0.00	CO-144	7.40	66.29
												CO-45	47.31	
												PR-3	25.00	
1013940584	0423	042325	11	1	96127	XU		40.00	7.46	0.00	0.00	CO-144	0.56	6.90
												CO-45	32.54	
1013940584	0423	042325	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0423	042325	11	1	11104			188.00	157.92	0.00	0.00	CO-144	11.85	126.07
												CO-45	30.08	
												PR-3	20.00	
1013940584	0423	042325	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0423	042325	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0423	042325	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0423	042325	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0423	042325	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0423	042325	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	45.00						CLAIM TOTALS	374.00	264.07	0.00	0.00		174.74	199.26
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING	CHARGE	0.00	NET	199.26
STATUS CODE 1: Processed as Primary														
NAME BAGLEY, RYAN D HIC BMB809819673 ACNT 6026LMD642 ICN 27251155552200710 ASG Y MOA														
1013940584	0415	041525	11	1	99213	25		146.00	0.00	0.00	0.00	CO-16	146.00	0.00
							REM: MA63							
1013940584	0415	041525	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0415	041525	11	1	96127	XU		40.00	7.46	0.00	0.00	CO-144	0.56	6.90
												CO-45	32.54	
1013940584	0415	041525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0415	041525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0415	041525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0415	041525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0415	041525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0415	041525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00						CLAIM TOTALS	186.00	7.46	0.00	0.00		179.10	6.90
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING	CHARGE	0.00	NET	6.90
STATUS CODE 1: Processed as Primary														



BCBSM			REMITTANCE
NPI #:	1982923660	TIMOTHY J TOBOLIC MD PLLC	ADVICE
EFT #:	509805789	PAGE #: 2 of 4	DATE: 2025-05-07

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME FORDHAM, BRENDA E				HIC	ASN913253225	ACNT	6041LMD642	ICN 26251189676400710		ASG	Y	MOA		
1013940584	0424	042425	11	1	99396	25		327.00	165.75	0.00	0.00	CO-144	12.44	153.31
1013940584	0424	042425	11	1	G0513	25		118.72	73.43	0.00	0.00	CO-45	161.25	
												CO-144	5.51	67.92
												CO-45	45.29	
1013940584	0424	042425	11	1	G0136	33		65.00	30.36	0.00	0.00	CO-45	34.64	0.00
												PR-3	30.36	
1013940584	0424	042425	11	1	96127	XU		40.00	7.46	0.00	0.00	CO-144	0.56	6.90
												CO-45	32.54	
1013940584	0424	042425	11	1	96160	XU		5.30	4.79	0.00	0.00	CO-45	0.51	0.00
												PR-3	4.79	
1013940584	0424	042425	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	35.15				CLAIM TOTALS			556.02	281.79	0.00	0.00		327.89	228.13
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	228.13
STATUS CODE 1: Processed as Primary														

NAME MCKEE, SEAN F				HIC	TEA806221736	ACNT	5906LMD642	ICN 26251088611800710		ASG	Y	MOA		
1013940584	1126	112624	11	1	90471			41.00	33.29	0.00	0.00	CO-144	2.50	30.79
												CO-45	7.71	
1013940584	1126	112624	11	1	90656			35.00	21.12	0.00	0.00	CO-45	13.88	21.12
PT RESP	0.00				CLAIM TOTALS			76.00	54.41	0.00	0.00		24.09	51.91
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	51.91
STATUS CODE 1: Processed as Primary														

NAME VANTUINEN, KAITLIN				HIC	KPV588341252	ACNT	5947LMD642	ICN 262511497774900710		ASG	Y	MOA		
1013940584	0321	032125	11	1	99214			219.00	143.12	0.00	0.00	CO-144	10.74	107.38
												CO-45	75.88	
												PR-3	25.00	
1013940584	0321	032125	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	25.00				CLAIM TOTALS			219.00	143.12	0.00	0.00		111.62	107.38
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	107.38
STATUS CODE 1: Processed as Primary														

NAME VANTUINEN, KAITLIN				HIC	KPV588341252	ACNT	5969LMD642	ICN 26251149777400710		ASG	Y	MOA		
1013940584	0421	042125	11	1	99214			219.00	143.12	0.00	0.00	CO-144	10.74	107.38
												CO-45	75.88	
												PR-3	25.00	
1013940584	0421	042125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	2010F			0.00	0.00	0.00	0.00			0.00
PT RESP	25.00				CLAIM TOTALS			219.00	143.12	0.00	0.00		111.62	107.38
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	107.38
STATUS CODE 1: Processed as Primary														



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BULTENA, JULIE A					HIC	M60106734	ACNT	3204LMD642		ICN	26251201702900710	ASG Y	MOA	
1306898036	1120	112024	11	1	G0438			319.80	0.00	0.00	0.00	PR-204	319.80	0.00
1306898036	1120	112024	11	1	99397 25			341.00	0.00	0.00	0.00	PR-204	341.00	0.00
1306898036	1120	112024	11	1	99497 33			132.00	0.00	0.00	0.00	OA-136	132.00	0.00
1306898036	1120	112024	11	1	G2211			25.00	0.00	0.00	0.00	OA-136	25.00	0.00
1306898036	1120	112024	11	1	36415			15.00	0.00	0.00	0.00	OA-136	15.00	0.00
1306898036	1120	112024	11	1	99401 33			0.00	0.00	0.00	0.00			0.00
1306898036	1120	112024	11	1	G0442 XU			43.00	0.00	0.00	0.00	OA-136	43.00	0.00
1306898036	1120	112024	11	1	G0444 XU			91.00	0.00	0.00	0.00	OA-136	91.00	0.00
1306898036	1120	112024	11	1	G0446 XU			61.88	0.00	0.00	0.00	OA-23	61.88	0.00
REM: N19														
1306898036	1120	112024	11	1	G8417			0.00	0.00	0.00	0.00			0.00
1306898036	1120	112024	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	1120	112024	11	1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP	660.80				CLAIM TOTALS			1028.68	0.00	0.00	0.00		1028.68	0.00
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING	CHARGE	0.00	NET	0.00
STATUS CODE 2: Processed as Secondary														
NAME SELDERS, JERILYN M					HIC	915574990	ACNT	5701LMD642		ICN	27251184100300710	ASG Y	MOA	
1306898036	0407	040725	11	1	99215			295.00	0.00	0.00	0.00	OA-23	125.15	0.00
												PR-204	169.85	
1306898036	0407	040725	11	1	G2211			25.00	0.00	0.00	0.00	OA-23	9.74	0.00
												PR-204	15.26	
1306898036	0407	040725	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0407	040725	11	1	2000F			0.00	0.00	0.00	0.00			0.00
PT RESP	185.11				CLAIM TOTALS			320.00	0.00	0.00	0.00		320.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING	CHARGE	0.00	NET	0.00
STATUS CODE 2: Processed as Secondary														
NAME DAMSTRA, DEBRA L					HIC	MSE893355119	ACNT	3539LMD642		ICN	26251185858500710	ASG Y	MOA	
1013940584	1212	121224	11	1	99397 25			341.00	0.00	0.00	0.00	OA-18	341.00	0.00
1013940584	1212	121224	11	1	96127 XU			40.00	0.00	0.00	0.00	OA-18	40.00	0.00
1013940584	1212	121224	11	1	96127 XU			40.00	0.00	0.00	0.00	OA-18	40.00	0.00
1013940584	1212	121224	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1212	121224	11	1	36415			15.00	0.00	0.00	0.00	OA-18	15.00	0.00
1013940584	1212	121224	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	1212	121224	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1212	121224	11	1	1158F			0.00	0.00	0.00	0.00			0.00
1013940584	1212	121224	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	1212	121224	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			436.00	0.00	0.00	0.00		436.00	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 WENGER, MICHAEL					HIC	MSEM67132738	ACNT	6054LMD642		ICN	26251185859000710	ASG Y	MOA	
1306898036	0425	042525	11	1	99396 25			327.00	0.00	0.00	0.00	PR-27	327.00	0.00
1306898036	0425	042525	11	1	G0447 XU			65.00	0.00	0.00	0.00	PR-27	65.00	0.00
1306898036	0425	042525	11	1	G0446 XU			65.00	0.00	0.00	0.00	PR-27	65.00	0.00
1306898036	0425	042525	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	G8476			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	G8427			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	457.00				CLAIM TOTALS			457.00	0.00	0.00	0.00		457.00	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 BUSBEE, ALAN R					HIC	HFD100011210359	ACNT	6010LMD642		ICN	26251149773700710	ASG Y	MOA	
1306898036	0422	042225	11	1	36415			20.00	0.00	0.00	0.00	PR-27	20.00	0.00
PT RESP	20.00				CLAIM TOTALS			20.00	0.00	0.00	0.00		20.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING	CHARGE	0.00	NET	0.00
STATUS CODE 4: Denied														



BCBSM			REMITTANCE
NPI #:	1982923660	TIMOTHY J TOBOLIC MD PLLC	ADVICE
EFT #:	509805789	PAGE #: 4 of 4	DATE: 2025-05-07

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	SCHIERBEEK, LUANNE					HIC	MSR916515303	ACNT	3682LMD642		ICN	26251185861100710	ASG Y	MOA
1013940584	1218	121824	11	1	99396	25			327.00	0.00	0.00	0.00	OA-18	327.00 0.00
1013940584	1218	121824	11	1	36415				15.00	0.00	0.00	0.00	OA-18	15.00 0.00
1013940584	1218	121824	11	1	96127	XU			40.00	0.00	0.00	0.00	OA-18	40.00 0.00
1013940584	1218	121824	11	1	96127	XU			40.00	0.00	0.00	0.00	OA-18	40.00 0.00
1013940584	1218	121824	11	1	3074F				0.00	0.00	0.00	0.00		0.00
1013940584	1218	121824	11	1	3078F				0.00	0.00	0.00	0.00		0.00
1013940584	1218	121824	11	1	G9622				0.00	0.00	0.00	0.00		0.00
1013940584	1218	121824	11	1	G8510				0.00	0.00	0.00	0.00		0.00
PT RESP	0.00					CLAIM TOTALS			422.00	0.00	0.00	0.00	422.00	0.00
ADJ TO TOTAL: PREV PD						INTEREST			0.00		LATE FILING CHARGE		0.00	NET 0.00
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
	13	4553.70	1045.70	8.61	0.00	3731.75	813.34	0.00	813.34

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-144 Incentive adjustment, e.g. preferred product / service.

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.

MA63 Missing / incomplete / invalid principal diagnosis.

N19 Procedure code incidental to primary procedure.

OA-136 Claim adjusted based on failure to follow prior payer's coverage rules. (Use Group Code OA).

OA-18 Duplicate claim / service.

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

PR-1 Deductible Amount

PR-204 This service / equipment / drug is not covered under the patient's current benefit plan

PR-27 Expenses incurred after coverage terminated.

PR-3 Co-payment Amount



BLUE CROSS BLUE SHIELD OF MICH []
P.O. BOX 553912
DETROIT, MI 482553912
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC
7740 BYRON CENTER AVE

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-03-18
EFT #: 604054133
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME SOBESKY, ADRIAN J			HIC		XYL991486949	ACNT	5052LMD642		ICN	250304128617	ASG Y	MOA	
1306898036	0228	022825	11	1	3074F		0.00	0.00	0.00	0.00		0.00	
1306898036	0228	022825	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67	
											CO-253	0.10	
1306898036	0228	022825	11	1	99214		219.00	120.84	120.84	0.00	CO-45	98.16	
1306898036	0228	022825	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92	
											CO-253	0.12	
1306898036	0228	022825	11	1	3078F		0.00	0.00	0.00	0.00		0.00	
1306898036	0228	022825	11	1	3061F		0.00	0.00	0.00	0.00		0.00	
PT RESP	120.84				CLAIM	TOTALS	251.55	131.80	120.84	0.00		119.97	
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING	CHARGE	0.00	NET	10.74
STATUS CODE 1: Processed as Primary													

NAME CAMPO, MICHAEL J			HIC		XYL993587728	ACNT	5096LMD642		ICN	250306351042	ASG Y	MOA	
1306898036	0304	030425	11	1	99497	25	132.00	77.66	77.66	0.00	CO-45	54.34	
1306898036	0304	030425	11	1	3074F		0.00	0.00	0.00	0.00		0.00	
1306898036	0304	030425	11	1	G8510		0.00	0.00	0.00	0.00		0.00	
1306898036	0304	030425	11	1	G0444	33 XU	29.45	16.22	0.00	0.00	CO-45	13.23	
											CO-253	0.32	
1306898036	0304	030425	11	1	G0136	33	34.80	17.40	17.40	0.00	CO-45	17.40	
1306898036	0304	030425	11	1	G2211		25.00	0.00	0.00	0.00	CO-16	25.00	
REM: M51													
1306898036	0304	030425	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-45	13.78	
											CO-253	0.32	
1306898036	0304	030425	11	1	3078F		0.00	0.00	0.00	0.00		0.00	
1306898036	0304	030425	11	1	G9622		0.00	0.00	0.00	0.00		0.00	
1306898036	0304	030425	11	1	1036F		0.00	0.00	0.00	0.00		0.00	
PT RESP	95.06				CLAIM	TOTALS	251.25	127.50	95.06	0.00		124.39	
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING	CHARGE	0.00	NET	31.80
STATUS CODE 1: Processed as Primary													

NAME ZUIVERINK, CAROLE S			HIC		XYL993691124	ACNT	5126LMD642		ICN	250306351051	ASG Y	MOA	
1013940584	0305	030525	11	1	G8510		0.00	0.00	0.00	0.00		0.00	
1013940584	0305	030525	11	1	G0444	33 XU	29.45	16.22	0.00	0.00	CO-45	13.23	
											CO-253	0.32	
1013940584	0305	030525	11	1	99495		318.00	0.00	0.00	0.00	CO-B13	318.00	
REM: M86													
1013940584	0305	030525	11	1	G2211		25.00	0.00	0.00	0.00	CO-16	25.00	
REM: M51													
1013940584	0305	030525	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	
											CO-253	0.18	
1013940584	0305	030525	11	1	G8510		0.00	0.00	0.00	0.00		0.00	
1013940584	0305	030525	11	1	3077F		0.00	0.00	0.00	0.00		0.00	
1013940584	0305	030525	11	1	3078F		0.00	0.00	0.00	0.00		0.00	
PT RESP	0.00				CLAIM	TOTALS	392.45	25.31	0.00	0.00		367.64	
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING	CHARGE	0.00	NET	24.81
STATUS CODE 1: Processed as Primary													



BLUE CROSS BLUE SHIELD OF MICH
NPI #: 1982923660
EFT #: 604054133

TIMOTHY J TOBOLIC MD PLLC
PAGE #: 2 of 2

REMITTANCE
ADVICE
DATE: 2025-03-18

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SMITH, LARRY D			HIC		XYL990246073	ACNT	5087LMD642	ICN		250306351592	ASG Y	MOA
1013940584	0304	030425	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	82570 QW		17.85	5.18	0.00	0.00	CO-45	12.67
											CO-253	0.10
1013940584	0304	030425	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00
						REM: N20						
1013940584	0304	030425	11	1	99214 25		219.00	120.84	0.00	0.00	CO-45	98.16
											CO-253	2.02
											PR-3	20.00
1013940584	0304	030425	11	1	82043 QW		14.70	5.78	0.00	0.00	CO-45	8.92
											CO-253	0.12
1013940584	0304	030425	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	1000F		0.00	0.00	0.00	0.00		0.00
PT RESP	20.00				CLAIM TOTALS		276.55	131.80	0.00	0.00		166.99
ADJ TO TOTAL: PREV PD					INTEREST		0.00					109.56
STATUS CODE 1: Processed as Primary												

NAME ZUIVERINK, CAROLE S			HIC		XYL993691124	ACNT	5125LMD642	ICN		250306352520	ASG Y	MOA
1013940584	0303	030325	10	1	98966		25.00	12.59	0.00	0.00	CO-45	12.41
											CO-253	0.25
PT RESP	0.00				CLAIM TOTALS		25.00	12.59	0.00	0.00		12.66
ADJ TO TOTAL: PREV PD					INTEREST		0.00					12.34
STATUS CODE 1: Processed as Primary												

NAME NICKELS, JOANN M			HIC		XYL918005291	ACNT	5128LMD642	ICN		250307454677	ASG Y	MOA
1013940584	0306	030625	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00
						REM: N20						
1013940584	0306	030625	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	99214 25		219.00	120.84	120.84	0.00	CO-45	98.16
1013940584	0306	030625	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	1000F		0.00	0.00	0.00	0.00		0.00
PT RESP	120.84				CLAIM TOTALS		244.00	120.84	120.84	0.00		123.16
ADJ TO TOTAL: PREV PD					INTEREST		0.00					0.00
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
	6	1440.80	549.84	336.74	0.00	914.81	189.25	0.00	189.25

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-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

CO-253 Sequestration - reduction in federal spending

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

CO-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.

M51 Missing / incomplete / invalid procedure code(s).

M86 Service denied because payment already made for same / similar procedure within set time frame.

N20 Service not payable with other service rendered on the same date.

PR-1 Deductible Amount

PR-3 Co-payment Amount



BCBSM []
600 E LAFAYETTE
DETROIT, MI 482262998
(800)282-4548

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC

BYRON CENTER, MI 493156928

NPI #: 1982923660
PAGE #: 1 of 4
DATE: 2025-03-05
EFT #: 741764447
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME DOORNBOS, NATHAN D				HIC	WMI	922605358	ACNT	4883	LMD	642	ICN	26250520716400710	ASG	Y MOA
1306898036	0219	021925	11	1	99213	25		146.00	98.69	0.00	0.00	CO-144	7.40	61.29
												CO-45	47.31	
												PR-3	30.00	
1306898036	0219	021925	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
1306898036	0219	021925	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	30.00					CLAIM TOTALS		166.00	103.69	0.00	0.00		100.09	65.91
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	65.91
STATUS CODE 1: Processed as Primary														

NAME BURNS, CALEB P				HIC	MDGM	02712111	ACNT	4971	LMD	642	ICN	26250571843900710	ASG	Y MOA
INSURED NAME: BURNS, ALEXANDRA N														
1306898036	0225	022525	11	1	99395	25		297.00	155.93	0.00	0.00	CO-144	11.70	144.23
												CO-45	141.07	
1306898036	0225	022525	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
1306898036	0225	022525	11	1	90715			87.00	48.04	0.00	0.00	CO-45	38.96	48.04
1306898036	0225	022525	11	1	90471			41.00	33.29	0.00	0.00	CO-144	2.50	30.79
												CO-45	7.71	
1306898036	0225	022525	11	1	G0442	XU		30.00	30.00	0.00	0.00	CO-144	2.25	27.75
1306898036	0225	022525	11	1	G0444	XU 33		29.45	0.00	0.00	0.00	CO-234	29.45	0.00
REM: N20														
1306898036	0225	022525	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0225	022525	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0225	022525	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0225	022525	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0225	022525	11	1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		504.45	272.26	0.00	0.00		249.02	255.43
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	255.43
STATUS CODE 1: Processed as Primary														

NAME PARCHER, RYAN R				HIC	MJE	921837692	ACNT	4957	LMD	642	ICN	26250571843600710	ASG	Y MOA
1306898036	0224	022425	11	1	99396			327.00	165.75	0.00	0.00	CO-144	12.44	153.31
												CO-45	161.25	
1306898036	0224	022425	11	1	G0442	XU		30.00	30.00	0.00	0.00	CO-144	2.25	27.75
1306898036	0224	022425	11	1	G0444	XU 33		29.45	0.00	0.00	0.00	CO-234	29.45	0.00
REM: N20														
1306898036	0224	022425	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0224	022425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0224	022425	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0224	022425	11	1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		386.45	195.75	0.00	0.00		205.39	181.06
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	181.06
STATUS CODE 1: Processed as Primary														

NAME HANSMA, ANDREW J				HIC	GHP	916312798	ACNT	4921	LMD	642	ICN	28250553381100710	ASG	Y MOA
1306898036	0221	022125	11	1	99214			219.00	143.12	0.00	0.00	CO-144	10.74	107.38
												CO-45	75.88	
												PR-3	25.00	
1306898036	0221	022125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0221	022125	11	1	3077F			0.00	0.00	0.00	0.00			0.00
PT RESP	25.00					CLAIM TOTALS		219.00	143.12	0.00	0.00		111.62	107.38
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	107.38
STATUS CODE 1: Processed as Primary														



BCBSM			REMITTANCE
NPI #:	1982923660	TIMOTHY J TOBOLIC MD PLLC	ADVICE
EFT #:	741764447	PAGE #: 2 of 4	DATE: 2025-03-05

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME GRAHAM, ROBERT L			HIC BUB919140824		ACNT	4796LMD642	ICN 26250502226700710		ASG Y	MOA		
1306898036	0214	021425	11	1	99213	25	146.00	98.69	0.00	0.00	CO-144	71.29
											7.40	
											47.31	
											20.00	
1306898036	0214	021425	11	1	71046		68.20	53.79	0.00	0.00	CO-144	49.75
											4.04	
											14.41	
1306898036	0214	021425	11	1	G8417		0.00	0.00	0.00	0.00		0.00
1306898036	0214	021425	11	1	G8427		0.00	0.00	0.00	0.00		0.00
1306898036	0214	021425	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0214	021425	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	20.00				CLAIM TOTALS		214.20	152.48	0.00	0.00		93.16
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	121.04
STATUS CODE 1: Processed as Primary												

NAME GRAHAM, ROBERT L			HIC BUB919140824		ACNT	4885LMD642	ICN 26250520715300710		ASG Y	MOA		
1306898036	0219	021925	11	1	99213		146.00	98.69	0.00	0.00	CO-144	71.29
											7.40	
											47.31	
											20.00	
1306898036	0219	021925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	20.00				CLAIM TOTALS		146.00	98.69	0.00	0.00		71.29
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	121.29
STATUS CODE 1: Processed as Primary												

NAME REYES, DONNA M			HIC BUBM60502170		ACNT	4877LMD642	ICN 26250520714100710		ASG Y	MOA		
INSURED NAME: REYES, ROLANDO M												
1013940584	0213	021325	11	1	99214		219.00	143.12	0.00	0.00	CO-144	117.38
											10.74	
											75.88	
											15.00	
1013940584	0213	021325	11	1	36415		20.00	5.00	0.00	0.00	CO-45	0.00
											15.00	
											5.00	
1013940584	0213	021325	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	3079F		0.00	0.00	0.00	0.00		0.00
PT RESP	20.00				CLAIM TOTALS		239.00	148.12	0.00	0.00		117.38
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	121.62
STATUS CODE 1: Processed as Primary												

NAME POLL, DOUGLAS			HIC KMT893440590		ACNT	4727LMD642	ICN 26250440698400710		ASG Y	MOA		
1306898036	0211	021125	11	1	99395	25	297.00	0.00	0.00	0.00	CO-6	0.00
											297.00	
REM: N129												
1306898036	0211	021125	11	1	G2211		25.00	0.00	0.00	0.00	CO-97	0.00
1306898036	0211	021125	11	1	G0442	XU	43.00	30.36	0.00	0.00	CO-144	29.90
											0.46	
											12.64	
1306898036	0211	021125	11	1	G0444	XU 33	91.00	0.00	0.00	0.00	PI-97	0.00
1306898036	0211	021125	11	1	82043	QW	14.70	4.34	4.34	0.00	CO-45	0.00
1306898036	0211	021125	11	1	82570	QW	17.85	3.89	3.89	0.00	CO-45	0.00
1306898036	0211	021125	11	1	G0444		29.45	0.00	0.00	0.00	PI-97	0.00
1306898036	0211	021125	11	1	G0442		30.00	30.00	0.00	0.00	CO-144	29.55
1306898036	0211	021125	11	1	3061F		0.00	0.00	0.00	0.00		0.00
1306898036	0211	021125	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0211	021125	11	1	G9622		0.00	0.00	0.00	0.00		0.00
PT RESP	8.23				CLAIM TOTALS		548.00	68.59	8.23	0.00		59.45
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	480.32
STATUS CODE 1: Processed as Primary												



REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME DENNETT, JAMIE A				HIC	MMJ917200023	ACNT	4676LMD642		ICN	26250413021000710	ASG Y	MOA	
1013940584	0206	020625	11	1	99386		-388.00	0.00	0.00	0.00	CO-97	-388.00	0.00
REM: N20													
1013940584	0206	020625	11	1	36415		-20.00	0.00	0.00	0.00	CO-144	-0.38	-4.62
1013940584	0206	020625	11	1	46600	59	-190.00	0.00	-148.68	0.00	CO-45	-15.00	0.00
1013940584	0206	020625	11	1	3074F		0.00	0.00	0.00	0.00	CO-45	-41.32	0.00
1013940584	0206	020625	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	1160F		0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	2000F		0.00	0.00	0.00	0.00			0.00
PT RESP		0.00		CLAIM TOTALS			-598.00	0.00	-148.68	0.00		-444.70	-4.62
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	-4.62
STATUS CODE 22: Reversal of Previous Payment													

NAME DENNETT, JAMIE A				HIC	MMJ917200023	ACNT	4676LMD642	ICN 26250413021002710		ASG Y	MOA		
1013940584	0206	020625	11	1	99396	25	327.00	165.75	0.00	0.00	CO-144	12.44	153.31
1013940584	0206	020625	11	1	36415		20.00	5.00	0.00	0.00	CO-45	161.25	
1013940584	0206	020625	11	1	46600	59	190.00	148.68	148.68	0.00	CO-144	0.38	4.62
1013940584	0206	020625	11	1	3074F		0.00	0.00	0.00	0.00	CO-45	15.00	
1013940584	0206	020625	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	1160F		0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	2000F		0.00	0.00	0.00	0.00			0.00
PT RESP	148.68		CLAIM TOTALS				537.00	319.43	148.68	0.00		230.39	157.93
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	157.93
STATUS CODE 1: Processed as Primary													

NAME BECK, MICHELLE A				HIC	DNW891210745	ACNT	4892LMD642	ICN 28250521438200710				ASG Y	MOA
INSURED NAME: BECK, JOSEPH B													
1013940584	0220	022025	11	1	99214	25	219.00	143.12	143.12	0.00	CO-45	75.88	0.00
1013940584	0220	022025	11	1	J2175		25.00	1.78	1.78	0.00	CO-45	23.22	0.00
1013940584	0220	022025	11	1	J2550		12.00	2.07	2.07	0.00	CO-45	9.93	0.00
1013940584	0220	022025	11	1	96372		26.50	15.35	15.35	0.00	CO-45	11.15	0.00
1013940584	0220	022025	11	1	3077F		0.00	0.00	0.00	0.00			0.00
1013940584	0220	022025	11	1	3079F		0.00	0.00	0.00	0.00			0.00
PT RESP	162.32		CLAIM TOTALS				282.50	162.32	162.32	0.00		120.18	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 MURPHY, BETH A				HIC	NSS891256376	ACNT	10LMD642		ICN	26250571844300710	ASG	Y	MOA	N152
1013940584	0501	050124	11	1	99396	25	327.00	0.00	0.00	0.00	PI-16		327.00	0.00
REM: N152														
1013940584	0501	050124	11	1	36415	59	15.00	0.00	0.00	0.00	PI-16		15.00	0.00
REM: N152														
1013940584	0501	050124	11	2	96127	XU	75.00	0.00	0.00	0.00	PI-16		75.00	0.00
REM: N152														
1013940584	0501	050124	11	1	96127	XU	248.84	0.00	0.00	0.00	PI-16		248.84	0.00
REM: N152														
1013940584	0501	050124	11	2	1000F		0.00	0.00	0.00	0.00				0.00
1013940584	0501	050124	11	1	3078F		0.00	0.00	0.00	0.00				0.00
1013940584	0501	050124	11	1	3074F		0.00	0.00	0.00	0.00				0.00
1013940584	0501	050124	11	1	2001F		0.00	0.00	0.00	0.00				0.00
1013940584	0501	050124	11	1	1159F		0.00	0.00	0.00	0.00				0.00
1013940584	0501	050124	11	1	3008F		0.00	0.00	0.00	0.00				0.00
1013940584	0501	050124	11	1	2000F		0.00	0.00	0.00	0.00				0.00
1013940584	0501	050124	11	1	1160F		0.00	0.00	0.00	0.00				0.00
PT RESP	0.00		CLAIM TOTALS				665.84	0.00	0.00	0.00			665.84	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	0.00
STATUS CODE 1: Processed as Primary														



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME MURPHY, JAMES J					HIC	WYO891366738	ACNT	4878LMD642		ICN	26250520715000710	ASG Y	MOA	
1013940584	0210	021025	11	1	99214			219.00	143.12	143.12	0.00	CO-45	75.88	0.00
1013940584	0210	021025	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		143.12		CLAIM TOTALS				219.00	143.12	143.12	0.00		75.88	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 DAMOOSE, LYNDA L		HIC MZO893196534 ACNT 5024LMD642				ICN 26250590665800710 ASG Y				MOA			
INSURED NAME: DAMOOSE, RYAN T													
1306898036 0227 022725 11		1 85610		21.00		0.00		0.00		0.00		PI-16 21.00 0.00	
				REM: N286									
PT RESP 0.00		CLAIM TOTALS		21.00		0.00		0.00		0.00		21.00 0.00	
ADJ TO TOTAL: PREV PD				INTEREST 0.00		LATE FILING CHARGE				0.00		NET 0.00	
STATUS CODE 1: Processed as Primary													

PROVIDER ADJ DETAILS:		PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Overpayment Recovery (WO)			5052010220		29.90

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	14	3550.44	1807.57	313.67	0.00	2104.52	1102.35	29.90	1102.35

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-144 Incentive adjustment, e.g. preferred product / service.

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

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

CO-6 The procedure / revenue code is inconsistent with the patient's age.

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

N129 Not eligible due to the patient's age.

N152 Missing / incomplete / invalid replacement claim information.

N20 Service not payable with other service rendered on the same date.

N286 Missing / incomplete / invalid referring provider primary identifier.

PI-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

PI-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

PR-1 Deductible Amount

PR-3 Co-payment Amount



BCBSM []
600 E LAFAYETTE
DETROIT, MI 482262998
(800)282-4548

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC

BYRON CENTER, MI 493156928

NPI #: 1982923660
PAGE #: 1 of 3
DATE: 2025-03-12
EFT #: 741822211
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME NOORMAN, VICKI L HIC DNW893893830 ACNT 5075LMD642 ICN 26250640406800710 ASG Y MOA													
INSURED NAME: NOORMAN, RANDALL J													
1306898036	0303	030325	10	1	98966		25.18	18.10	0.00	0.00	CO-144	1.36	16.74
												CO-45	7.08
PT RESP 0.00 CLAIM TOTALS												8.44	16.74
ADJ TO TOTAL: PREV PD INTEREST												0.00	16.74
STATUS CODE 1: Processed as Primary													
NAME FULLER, ALEAH N HIC RMH893342977 ACNT 5028LMD642 ICN 27250620247200710 ASG Y MOA													
INSURED NAME: FULLER, KENNETH L													
1013940584	0227	022725	11	1	99214		219.00	143.12	0.00	0.00	CO-144	10.74	102.38
												CO-45	75.88
												PR-3	30.00
1013940584	0227	022725	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP 30.00 CLAIM TOTALS												116.62	102.38
ADJ TO TOTAL: PREV PD INTEREST												0.00	102.38
STATUS CODE 1: Processed as Primary													
NAME FULLER, KENNETH L HIC RMH893342977 ACNT 5020LMD642 ICN 26250592490300710 ASG Y MOA													
1013940584 0115 011525 11 1 36415 15.00 5.00 0.00 0.00 CO-144 0.38 4.62													
												CO-45	10.00
PT RESP 0.00 CLAIM TOTALS												10.38	4.62
ADJ TO TOTAL: PREV PD INTEREST												0.00	4.62
STATUS CODE 1: Processed as Primary													
NAME FULLER, KENNETH L HIC RMH893342977 ACNT 5021LMD642 ICN 26250592496200710 ASG Y MOA													
1013940584 0226 022625 11 1 99214 25 219.00 143.12 0.00 0.00 CO-144 10.74 102.38													
												CO-45	75.88
												PR-3	30.00
1013940584	0226	022625	11	1	20610		155.00	0.00	0.00	0.00	CO-4	155.00	0.00
1013940584	0226	022625	11	1	J1010 LT		1.50	0.06	0.00	0.00	CO-45	1.44	0.06
1013940584	0226	022625	11	1	3077F		0.00	0.00	0.00	0.00			0.00
1013940584	0226	022625	11	1	3080F		0.00	0.00	0.00	0.00			0.00
1013940584	0226	022625	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1013940584	0226	022625	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1013940584	0226	022625	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1013940584	0226	022625	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1013940584	0226	022625	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1013940584	0226	022625	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP 30.00 CLAIM TOTALS												273.06	102.44
ADJ TO TOTAL: PREV PD INTEREST												0.00	102.44
STATUS CODE 1: Processed as Primary													



BCBSM													REMITTANCE
NPI #:	1982923660												ADVANCE
EFT #:	741822211												DATE: 2025-03-12

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BUIST, ROBERT D						HIC BUBM68818122	ACNT	4822LMD642			ICN 26250502227000710	ASG Y	MOA	
1013940584	0217	021725	11	1	99386			388.00	199.26	0.00	0.00	CO-144	14.95	184.31
												CO-45	188.74	
1013940584	0217	021725	11	1	99214	25		241.68	143.12	0.00	0.00	CO-144	5.36	46.20
												CO-45	98.56	
												PI-204	71.56	
												PR-3	20.00	
1013940584	0217	021725	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
1013940584	0217	021725	11	1	G0442	XU		30.00	30.00	0.00	0.00	CO-144	2.25	27.75
1013940584	0217	021725	11	1	G0444	XU 33		29.45	0.00	0.00	0.00	PI-97	29.45	0.00
1013940584	0217	021725	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0217	021725	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0217	021725	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0217	021725	11	1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP	20.00					CLAIM TOTALS		709.13	377.38	0.00	0.00		446.25	262.88
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	262.88
STATUS CODE 1: Processed as Primary														

NAME DAMOOSE, LYNDA L						HIC MZO893196534	ACNT	5024LMD642			ICN 26250590665800710	ASG Y	MOA	
INSURED NAME: DAMOOSE, RYAN T														
1306898036	0227	022725	11	1	85610			-21.00	0.00	0.00	0.00	PI-16	-21.00	0.00
						REM: N286								
PT RESP	0.00					CLAIM TOTALS		-21.00	0.00	0.00	0.00		-21.00	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	0.00
STATUS CODE 22: Reversal of Previous Payment														

NAME DAMOOSE, LYNDA L						HIC MZO893196534	ACNT	5024LMD642			ICN 26250590665802710	ASG Y	MOA	
INSURED NAME: DAMOOSE, RYAN T														
1306898036	0227	022725	11	1	85610			21.00	4.29	0.00	0.00	CO-45	16.71	4.29
PT RESP	0.00					CLAIM TOTALS		21.00	4.29	0.00	0.00		16.71	4.29
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	4.29
STATUS CODE 1: Processed as Primary														

NAME KASEN, JON						HIC GMJ922978422	ACNT	4865LMD642			ICN 26250511221900710	ASG Y	MOA	
1306898036	0219	021925	11	1	99396	25		-327.00	0.00	0.00	0.00	CO-144	-12.44	-153.31
												CO-45	-161.25	
1306898036	0219	021925	11	1	36415			-20.00	0.00	0.00	0.00	CO-144	-0.38	-4.62
												CO-45	-15.00	
1306898036	0219	021925	11	1	82043	QW		-14.70	0.00	0.00	0.00	PI-16	-14.70	0.00
						REM: N286								
1306898036	0219	021925	11	1	82570	QW		-17.85	0.00	0.00	0.00	PI-16	-17.85	0.00
						REM: N286								
1306898036	0219	021925	11	1	G0442	XU		-30.00	0.00	0.00	0.00	CO-144	-2.25	-27.75
1306898036	0219	021925	11	1	G0444	XU 33		-29.45	0.00	0.00	0.00	CO-234	-29.45	0.00
						REM: N20								
1306898036	0219	021925	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		-439.00	0.00	0.00	0.00		-253.32	-185.68
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	-185.68
STATUS CODE 22: Reversal of Previous Payment														

NAME KASEN, JON						HIC GMJ922978422	ACNT	4865LMD642			ICN 26250511221902710	ASG Y	MOA	
1306898036	0219	021925	11	1	99396	25		327.00	165.75	0.00	0.00	CO-144	12.44	153.31
												CO-45	161.25	
1306898036	0219	021925	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
1306898036	0219	021925	11	1	82043	QW		14.70	4.34	4.34	0.00	CO-45	10.36	0.00
1306898036	0219	021925	11	1	82570	QW		17.85	3.89	0.00	0.00	CO-45	13.96	3.89
1306898036	0219	021925	11	1	G0442	XU		30.00	30.00	0.00	0.00	CO-144	2.25	27.75
1306898036	0219	021925	11	1	G0444	XU 33		29.45	0.00	0.00	0.00	CO-234	29.45	0.00
						REM: N20								
1306898036	0219	021925	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP	4.34					CLAIM TOTALS		439.00	208.98	4.34	0.00		245.09	189.57
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	189.57
STATUS CODE 1: Processed as Primary														



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME MURPHY, BETH A						HIC NSS891256376	ACNT	10LMD642	ICN 26250660371600710					
1013940584	0501	050124	11	1	99396	25		327.00	0.00	0.00	0.00	PI-16	327.00	0.00
						REM: N152								
1013940584	0501	050124	11	1	36415	59		15.00	0.00	0.00	0.00	PI-16	15.00	0.00
						REM: N152								
1013940584	0501	050124	11	2	96127	XU		75.00	0.00	0.00	0.00	PI-16	75.00	0.00
						REM: N152								
1013940584	0501	050124	11	1	96127	XU		248.84	0.00	0.00	0.00	PI-16	248.84	0.00
						REM: N152								
1013940584	0501	050124	11	2	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050124	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050124	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050124	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050124	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050124	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050124	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050124	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		665.84	0.00	0.00	0.00		665.84	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 OESCH, LAURA E						HIC MMJ928222687	ACNT	5068LMD642	ICN 26250640407200710					
1013940584	1210	121024	11	1	99213			146.00	98.69	98.69	0.00	CO-45	47.31	0.00
1013940584	1210	121024	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	1210	121024	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	1210	121024	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	1210	121024	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	1210	121024	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	1210	121024	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	98.69					CLAIM TOTALS		146.00	98.69	98.69	0.00		47.31	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 RODGERS, TIMOTHY L				HIC JXT922729749 ACNT 5051LMD642				ICN 26250640411400710				ASG Y	MOA		
INSURED NAME: ALLEN, KATHERINE M															
1306898036	0228	022825	11	1	99212		87.00	0.00	0.00	0.00		PR-27		87.00	0.00
1306898036	0228	022825	11	1	3008F		0.00	0.00	0.00	0.00					0.00
1306898036	0228	022825	11	1	2001F		0.00	0.00	0.00	0.00					0.00
1306898036	0228	022825	11	1	2000F		0.00	0.00	0.00	0.00					0.00
1306898036	0228	022825	11	1	1000F		0.00	0.00	0.00	0.00					0.00
1306898036	0228	022825	11	1	1159F		0.00	0.00	0.00	0.00					0.00
1306898036	0228	022825	11	1	1160F		0.00	0.00	0.00	0.00					0.00
1306898036	0228	022825	11	1	3074F		0.00	0.00	0.00	0.00					0.00
1306898036	0228	022825	11	1	3078F		0.00	0.00	0.00	0.00					0.00
PT RESP	87.00		CLAIM TOTALS				87.00	0.00	0.00	0.00				87.00	0.00
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE					0.00	NET	0.00
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
	12	2242.65	998.74	103.03	0.00	1642.38	497.24	0.00	497.24

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-144 Incentive adjustment, e.g. preferred product / service.

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

CO-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.

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

N152 Missing / incomplete / invalid replacement claim information.

N20 Service not payable with other service rendered on the same date.

N286 Missing / incomplete / invalid referring provider primary identifier.

PI-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

PI-204 This service / equipment / drug is not covered under the patient's current benefit plan

PI-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

PR-1 Deductible Amount

PR-27 Expenses incurred after coverage terminated.

PR-3 Co-payment Amount



BCBSM []
 600 E LAFAYETTE
 DETROIT, MI 482262998
 (800)282-4548

REMITTANCE
 ADVICE

TIMOTHY J TOBOLIC MD PLLC

 BYRON CENTER, MI 493156928

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-05-09
 EFT #: 790112222
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SMITH, KENNETH L					HIC X3LM65355799	ACNT 5776LMD642				ICN 27251041511700710	ASG Y MOA	
1013940584	0410	041025	11	1	G0439		361.00	121.85	0.00	0.00	CO-253 2.44	119.41
1013940584	0410	041025	11	1	99397	25	341.00	155.01	0.00	0.00	CO-45 239.15	151.91
1013940584	0410	041025	11	1	G2211		25.00	0.00	0.00	0.00	CO-253 3.10	
						REM: M20					CO-45 185.99	
1013940584	0410	041025	11	1	G0136	33	34.80	17.40	0.00	0.00	CO-16 25.00	0.00
1013940584	0410	041025	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-253 0.35	17.05
											CO-45 17.40	
1013940584	0410	041025	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-253 0.06	2.83
											CO-45 8.92	
											PR-3 2.89	
1013940584	0410	041025	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-253 0.05	2.54
											CO-45 12.67	
1013940584	0410	041025	11	1	G0444	XU	29.45	16.22	0.00	0.00	PR-3 2.59	15.90
											CO-253 0.32	
1013940584	0410	041025	11	1	36415		20.00	9.09	0.00	0.00	CO-45 13.78	15.90
											CO-253 0.32	
1013940584	0410	041025	11	1	3074F		0.00	0.00	0.00	0.00	CO-45 13.23	4.45
1013940584	0410	041025	11	1	3078F		0.00	0.00	0.00	0.00	CO-253 0.09	
1013940584	0410	041025	11	1	G9622		0.00	0.00	0.00	0.00	CO-45 10.91	
1013940584	0410	041025	11	1	1158F		0.00	0.00	0.00	0.00	PR-3 4.55	
1013940584	0410	041025	11	1	3061F		0.00	0.00	0.00	0.00		0.00
1013940584	0410	041025	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	10.03				CLAIM TOTALS		873.80	346.75	0.00	0.00	543.81	329.99
ADJ TO TOTAL: PREV PD					INTEREST		0.00				NET	329.99
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
	1	873.80	346.75	0.00	0.00	543.81	329.99	0.00	329.99

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-253 Sequestration - reduction in federal spending
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 M20 Missing / incomplete / invalid HCPCS.
 PR-3 Co-payment Amount



BLUE CROSS BLUE SHIELD OF MICH []
P.O. BOX 553912
DETROIT, MI 482553912
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC
7740 BYRON CENTER AVE

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-03-11
EFT #: 604047413
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME LARES, ELIAS				HIC XYL991593575 ACNT		4952LMD642		ICN 250225462969	ASG Y	MOA				
1306898036	0224	022425	11	1	3061F			0.00	0.00	0.00	0.00			0.00
1306898036	0224	022425	11	1	82570 QW			17.85	5.18	0.00	0.00	CO-45	12.67	5.08
												CO-253	0.10	
1306898036	0224	022425	11	1	82043 QW			14.70	5.78	0.00	0.00	CO-45	8.92	5.66
												CO-253	0.12	
1306898036	0224	022425	11	1	99213 25			146.00	85.63	0.00	0.00	CO-45	60.37	64.32
												CO-253	1.31	
1306898036	0224	022425	11	1	G2211			25.00	0.00	0.00	0.00	PR-3	20.00	
						REM: N20						CO-234	25.00	0.00
1306898036	0224	022425	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0224	022425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP	20.00				CLAIM TOTALS			203.55	96.59	0.00	0.00		128.49	75.06
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	75.06
STATUS CODE 1: Processed as Primary														

NAME LARES, KIMBERLY R				HIC XYL993579381 ACNT		4953LMD642		ICN 250225463258	ASG Y	MOA				
1306898036	0224	022425	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
												CO-253	2.44	
1306898036	0224	022425	11	1	G2211			25.00	0.00	0.00	0.00	CO-16	25.00	0.00
						REM: M51								
1306898036	0224	022425	11	1	82043 QW			14.70	5.78	0.00	0.00	CO-45	8.92	5.66
												CO-253	0.12	
1306898036	0224	022425	11	1	G0444 33 XU			29.45	16.22	0.00	0.00	CO-45	13.23	15.90
												CO-253	0.32	
1306898036	0224	022425	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0224	022425	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0224	022425	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0224	022425	11	1	3060F			0.00	0.00	0.00	0.00			0.00
1306898036	0224	022425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0224	022425	11	1	82570 QW			17.85	5.18	0.00	0.00	CO-45	12.67	5.08
												CO-253	0.10	
1306898036	0224	022425	11	1	G0442 XU			30.00	16.22	0.00	0.00	CO-45	13.78	15.90
												CO-253	0.32	
1306898036	0224	022425	11	1	99497 33			132.00	77.66	0.00	0.00	CO-45	54.34	76.11
												CO-253	1.55	
1306898036	0224	022425	11	1	99397 52			341.00	155.01	0.00	0.00	CO-45	185.99	151.91
												CO-253	3.10	
PT RESP	0.00				CLAIM TOTALS			951.00	397.92	0.00	0.00		561.03	389.97
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	389.97
STATUS CODE 1: Processed as Primary														

NAME MCNEIL, KEVIN K				HIC XYLM61493592 ACNT		4982LMD642		ICN 250226538810	ASG Y	MOA				
1306898036	0225	022525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0225	022525	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0225	022525	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0225	022525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0225	022525	11	1	99213			171.26	85.63	0.00	0.00	CO-45	85.63	64.32
												CO-253	1.31	
												PR-3	20.00	
1306898036	0225	022525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0225	022525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0225	022525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0225	022525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	20.00				CLAIM TOTALS			171.26	85.63	0.00	0.00		106.94	64.32
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	64.32
STATUS CODE 1: Processed as Primary														



BLUE CROSS BLUE SHIELD OF MICH

NPI #: 1982923660

EFT #: 604047413

TIMOTHY J TOBOLIC MD PLLC

PAGE #: 2 of 2

REMITTANCE

ADVICE

DATE: 2025-03-11

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CAMPO, MICHAEL J			HIC XYL993587728	ACNT 4986LMD642			ICN 250226547847		ASG Y	MOA
1306898036	0225 022525	11	1 36415		20.00	9.09	0.00	0.00	CO-45	10.91
									CO-253	0.18
PT RESP	0.00		CLAIM TOTALS		20.00	9.09	0.00	0.00		11.09
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary										8.91

NAME SLOTMAN, MARY			HIC XYL911547537	ACNT 5037LMD642			ICN 250228765714		ASG Y	MOA
1306898036	0214 021425	11	1 G0179		77.94	38.97	38.97	0.00	CO-45	38.97
PT RESP	38.97		CLAIM TOTALS		77.94	38.97	38.97	0.00		38.97
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary										0.00

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	5	1423.75	628.20	38.97	0.00	846.52	538.26	0.00	538.26

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-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

CO-253 Sequestration - reduction in federal spending

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

M51 Missing / incomplete / invalid procedure code(s).

N20 Service not payable with other service rendered on the same date.

PR-1 Deductible Amount

PR-3 Co-payment Amount



BLUE CARE NETWORK OF MICHIGAN - SELF-FUNDED []
 441 E. JEFFERSON
 DETROIT, MI 48226
 (000)000-0000

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]
 7740 BYRON CENTER AVE
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-03-02
 NONPAY #: 25062B100026188800
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BROUGHAM, MICHAEL J			HIC	91661540401	ACNT	4919LMD642			ICN	E18004366800	ASG Y	MOA
1306898036	0221	022125	11	1	99214	25	219.00	120.88	0.00	0.00	CO-45	98.12
											CO-24	95.88
											PR-3	25.00
1306898036	0221	022125	11	1	36415		20.00	4.86	0.00	0.00	CO-45	15.14
											CO-24	4.86
1306898036	0221	022125	11	1	3074F		0.00	0.00	0.00	0.00		
1306898036	0221	022125	11	1	3078F		0.00	0.00	0.00	0.00		
PT RESP	25.00				CLAIM TOTALS		239.00	125.74	0.00	0.00		239.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
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
	1	239.00	125.74	0.00	0.00	239.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-3 Co-payment Amount



BLUE CARE NETWORK OF MICHIGAN []
441 E. JEFFERSON
DETROIT, MI 48226
(000)000-0000

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]
7740 BYRON CENTER AVE

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 4
DATE: 2025-05-09
EFT #: 25125B1000148418064613322
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME HOEVE, CHERYL A					HIC XYK997191146		ACNT	5823LMD642		ICN E18206199000		ASG Y	MOA	
1306898036	0414	041425	11	1	99213	25		146.00	85.63	0.00	0.00	CO-45	60.37	83.92
												CO-104	1.71	
1306898036	0414	041425	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-104	0.18	
1306898036	0414	041425	11	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-104	0.31	
1306898036	0414	041425	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0414	041425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0414	041425	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0414	041425	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0414	041425	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0414	041425	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0414	041425	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0414	041425	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0414	041425	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00		CLAIM TOTALS				191.00	109.98	0.00	0.00		83.22	107.78
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00		NET	107.78
STATUS CODE 1: Processed as Primary														

NAME WAICHUM, ELIZABETH				HIC XYK891489895 ACNT 5955LMD642				ICN E18227074600		ASG Y	MOA			
INSURED NAME: WAICHUM, ELIZABETH P														
1306898036	0421	042125	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15	119.41	
											CO-104	2.44		
1306898036	0421	042125	11	1	99497 33		132.00	77.66	0.00	0.00	CO-45	54.34	76.11	
											CO-104	1.55		
1306898036	0421	042125	11	1	99397 25		341.00	0.00	0.00	0.00	CO-6	341.00	0.00	
											REM: N517 N1			
1306898036	0421	042125	11	1	G0136 33		65.00	17.40	0.00	0.00	CO-45	47.60	17.05	
											CO-104	0.35		
1306898036	0421	042125	11	1	82043 QW		14.70	5.78	0.00	0.00	CO-45	8.92	5.66	
											CO-104	0.12		
1306898036	0421	042125	11	1	82570 QW		17.85	5.18	0.00	0.00	CO-45	12.67	5.08	
											CO-104	0.10		
1306898036	0421	042125	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91	
											CO-104	0.18		
1306898036	0421	042125	11	1	G0444 XU		91.00	0.00	0.00	0.00	CO-97	91.00	0.00	
											REM: N1			
1306898036	0421	042125	11	1	G0442 XU		43.00	0.00	0.00	0.00	CO-97	43.00	0.00	
											REM: N1			
1306898036	0421	042125	11	1	G0446 XU		30.00	0.00	0.00	0.00	CO-97	30.00	0.00	
											REM: N1			
1306898036	0421	042125	11	1	G0557		94.10	47.05	0.00	0.00	CO-45	47.05	46.11	
											CO-104	0.94		
1306898036	0421	042125	11	1	G2211		25.00	0.00	0.00	0.00	CO-B15	25.00	0.00	
											REM: M51 N1			
1306898036	0421	042125	11	1	3074F		0.00	0.00	0.00	0.00			0.00	
1306898036	0421	042125	11	1	3078F		0.00	0.00	0.00	0.00			0.00	
1306898036	0421	042125	11	1	G9622		0.00	0.00	0.00	0.00			0.00	
1306898036	0421	042125	11	1	1036F		0.00	0.00	0.00	0.00			0.00	
1306898036	0421	042125	11	1	1158F		0.00	0.00	0.00	0.00			0.00	
1306898036	0421	042125	11	1	1160F		0.00	0.00	0.00	0.00			0.00	
1306898036	0421	042125	11	1	1159F		0.00	0.00	0.00	0.00			0.00	
1306898036	0421	042125	11	1	2000F		0.00	0.00	0.00	0.00			0.00	
1306898036	0421	042125	11	1	2001F		0.00	0.00	0.00	0.00			0.00	
1306898036	0421	042125	11	1	3008F		0.00	0.00	0.00	0.00			0.00	
1306898036	0421	042125	11	1	3061F		0.00	0.00	0.00	0.00			0.00	
PT RESP		0.00	CLAIM TOTALS				1234.65	284.01	0.00	0.00			956.32	278.33
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00		NET	278.33	
STATUS CODE 1: Processed as Primary														



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25125B1000148418064613322 PAGE #: 2 of 4

REMITTANCE

ADVICE

DATE: 2025-05-09

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HERBERT, JEFFREY D					HIC	XYK893930940	ACNT 5968LMD642			ICN E18227642400	ASG Y	MOA
1306898036	0421	042125	11	1	99214	25	219.00	120.84	0.00	0.00	CO-45	98.16
											CO-104	2.22
											PR-3	10.00
1306898036	0421	042125	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74
											CO-104	0.31
1306898036	0421	042125	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-45	34.06
											CO-104	0.62
1306898036	0421	042125	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92
											CO-104	0.12
1306898036	0421	042125	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67
											CO-104	0.10
1306898036	0421	042125	11	1	3074F		0.00	0.00	0.00	0.00		
1306898036	0421	042125	11	1	3078F		0.00	0.00	0.00	0.00		
1306898036	0421	042125	11	1	3061F		0.00	0.00	0.00	0.00		
1306898036	0421	042125	11	1	1160F		0.00	0.00	0.00	0.00		
1306898036	0421	042125	11	1	2000F		0.00	0.00	0.00	0.00		
1306898036	0421	042125	11	1	1159F		0.00	0.00	0.00	0.00		
1306898036	0421	042125	11	1	2001F		0.00	0.00	0.00	0.00		
1306898036	0421	042125	11	1	3008F		0.00	0.00	0.00	0.00		
1306898036	0421	042125	11	1	1000F		0.00	0.00	0.00	0.00		
PT RESP	10.00				CLAIM	TOTALS	341.55	178.00	0.00	0.00		176.92
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET
STATUS CODE 1: Processed as Primary												164.63

NAME SKOWRONEK, ANDY E					HIC	XYK997106487	ACNT 6024LMD642			ICN E18232607200	ASG Y	MOA
1013940584	0423	042325	11	1	99214	25	219.00	120.84	0.00	0.00	CO-45	98.16
											CO-104	2.42
1013940584	0423	042325	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74
											CO-104	0.31
1013940584	0423	042325	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06
											CO-104	0.62
1013940584	0423	042325	11	1	99401	25	65.00	0.00	0.00	0.00	CO-181	65.00
					REM: M51							
1013940584	0423	042325	11	1	3008F		0.00	0.00	0.00	0.00		
1013940584	0423	042325	11	1	2001F		0.00	0.00	0.00	0.00		
1013940584	0423	042325	11	1	2000F		0.00	0.00	0.00	0.00		
1013940584	0423	042325	11	1	1000F		0.00	0.00	0.00	0.00		
1013940584	0423	042325	11	1	1159F		0.00	0.00	0.00	0.00		
1013940584	0423	042325	11	1	1160F		0.00	0.00	0.00	0.00		
PT RESP	0.00				CLAIM	TOTALS	374.00	167.04	0.00	0.00		210.31
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET
STATUS CODE 1: Processed as Primary												163.69

NAME WALMA, THOMAS A					HIC	XYK893665968	ACNT 6003LMD642			ICN E18234789200	ASG Y	MOA
1013940584	0422	042225	11	1	99214	25	219.00	120.84	0.00	0.00	CO-45	98.16
											CO-104	2.22
											PR-3	10.00
1013940584	0422	042225	11	1	71046		68.20	30.57	30.57	0.00	CO-45	37.63
1013940584	0422	042225	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74
											CO-104	0.31
1013940584	0422	042225	11	1	3008F		0.00	0.00	0.00	0.00		
1013940584	0422	042225	11	1	2001F		0.00	0.00	0.00	0.00		
1013940584	0422	042225	11	1	2000F		0.00	0.00	0.00	0.00		
1013940584	0422	042225	11	1	1000F		0.00	0.00	0.00	0.00		
1013940584	0422	042225	11	1	1159F		0.00	0.00	0.00	0.00		
1013940584	0422	042225	11	1	1160F		0.00	0.00	0.00	0.00		
PT RESP	40.57				CLAIM	TOTALS	312.20	166.67	30.57	0.00		158.06
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET
STATUS CODE 1: Processed as Primary												123.57

NAME MILLER, CAROL A					HIC	XYK892204815	ACNT 6056LMD642			ICN E18237954600	ASG Y	MOA
1013940584	0411	041125	11	1	G0180		99.42	0.00	0.00	0.00	PR-27	99.42
PT RESP	99.42				CLAIM	TOTALS	99.42	0.00	0.00	0.00		99.42
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET
STATUS CODE 1: Processed as Primary												0.00

NAME COOK, SUE A					HIC	XYK990597802	ACNT 6045LMD642			ICN E18238814900	ASG Y	MOA
1306898036	0421	042125	11	1	G0180		99.42	49.71	0.00	0.00	CO-45	49.71
											CO-104	0.99
PT RESP	0.00				CLAIM	TOTALS	99.42	49.71	0.00	0.00		50.70
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET
STATUS CODE 1: Processed as Primary												48.72



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25125B1000148418064613322 PAGE #: 3 of 4

REMITTANCE

ADVICE

DATE: 2025-05-09

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME MILLER, TERRY L					HIC	XYK892204815	ACNT	6085LMD642		ICN	E18254294500	ASG Y	MOA	
1013940584	0428	042825	11	1	99214	25		241.68	120.84	0.00	0.00	CO-45	120.84	103.72
												CO-104	2.12	
												PR-3	15.00	
1013940584	0428	042825	11	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-104	0.31	
1013940584	0428	042825	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-104	0.62	
1013940584	0428	042825	11	1	99401	25		65.00	0.00	0.00	0.00	CO-181	65.00	0.00
						REM: M51								
1013940584	0428	042825	11	1	G0446	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-104	0.62	
1013940584	0428	042825	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	15.00				CLAIM	TOTALS		461.68	197.98	0.00	0.00		282.37	179.31
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	179.31
STATUS CODE 1: Processed as Primary														

NAME	VANLOO, JUDITH A					HIC	XYK993673462	ACNT	6106LMD642		ICN	E18254942200	ASG	Y	MOA
INSURED NAME:	VANLOO, JUDY A														
1013940584	0429	042925	11	1	99215	25			295.00	169.85	0.00	0.00	CO-45	125.15	166.45
													CO-104	3.40	
1013940584	0429	042925	11	1	93000				71.00	13.33	0.00	0.00	CO-45	57.67	13.06
													CO-104	0.27	
1013940584	0429	042925	11	1	G2211				25.00	15.26	0.00	0.00	CO-45	9.74	14.95
													CO-104	0.31	
1013940584	0429	042925	11	1	83036	QW			60.90	9.71	0.00	0.00	CO-45	51.19	9.52
													CO-104	0.19	
1013940584	0429	042925	11	1	G8420				0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	2028F				0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	3044F				0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	3078F				0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	3008F				0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	2001F				0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	2000F				0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	1000F				0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	1159F				0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925	11	1	1160F				0.00	0.00	0.00	0.00			0.00
PT RESP	0.00								451.90	208.15	0.00	0.00		247.92	203.98
ADJ TO TOTAL: PREV PD									0.00				0.00	NET	203.98
STATUS CODE 1: Processed as Primary															

NAME	VANLOO, JOHN H					HIC	XYK993523643	ACNT	6092LMD642		ICN	E18256567600	ASG	Y	MOA
1013940584	0401	040125	11	1	36415				20.00	9.09	0.00	0.00	CO-45	10.91	8.91
													CO-104	0.18	
PT RESP	0.00								20.00	9.09	0.00	0.00		11.09	8.91
ADJ TO TOTAL: PREV PD									0.00				0.00	NET	8.91
STATUS CODE 1: Processed as Primary															

NAME	GRONDMAN, SCOTT A					HIC	XYH927303526	ACNT	6064LMD642		ICN	E18256762100	ASG	Y	MOA
INSURED NAME:	GRONDMAN, ATER T														
1306898036	0425	042525	11	1	99213				146.00	83.35	0.00	0.00	CO-45	62.65	0.00
													CO-24	63.35	
													PR-3	20.00	
1306898036	0425	042525	11	1	G8476				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	G8420				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	G8427				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	3008F				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	2001F				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	2000F				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	1000F				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	1159F				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	1160F				0.00	0.00	0.00	0.00			0.00
PT RESP	20.00								146.00	83.35	0.00	0.00		146.00	0.00
ADJ TO TOTAL: PREV PD									0.00				0.00	NET	0.00
STATUS CODE 1: Processed as Primary															



BLUE CARE NETWORK OF MICHIGAN

NPI #: 1982923660

BYRON CENTER FAMILY MEDICINE [0D10420 G9999D]

EFT #: 25125B1000148418064613322 PAGE #: 4 of 4

REMITTANCE

ADVICE

DATE: 2025-05-09

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	KRZYWOS, DAVID R					HIC	XYH890598021	ACNT	6121LMD642		ICN	E18259790300	ASG	Y MOA
INSURED NAME:	KRZYWOS, JODI R													
1013940584	0430	043025	11	1	99396	25		327.00	139.99	0.00	0.00	CO-45	187.01	0.00
												CO-24	139.99	
1013940584	0430	043025	11	1	82043	QW		14.70	4.56	0.00	0.00	CO-45	10.14	4.56
1013940584	0430	043025	11	1	82570	QW		17.85	4.08	0.00	0.00	CO-45	13.77	4.08
1013940584	0430	043025	11	1	G0446	XU		65.00	39.31	0.00	0.00	CO-45	25.69	39.31
1013940584	0430	043025	11	1	36415			20.00	4.86	0.00	0.00	CO-45	15.14	0.00
												CO-24	4.86	
1013940584	0430	043025	11	1	G0447	XU		65.00	39.31	0.00	0.00	CO-45	25.69	39.31
1013940584	0430	043025	11	1	G0442	XU		30.00	29.48	0.00	0.00	CO-45	0.52	29.48
1013940584	0430	043025	11	1	G0444	XU		29.45	29.45	0.00	0.00			29.45
1013940584	0430	043025	11	1	G0136	33		65.00	29.48	29.48	0.00	CO-45	35.52	0.00
1013940584	0430	043025	11	1	G8417			0.00	0.00	0.00	0.00			0.00
1013940584	0430	043025	11	1	G9621			0.00	0.00	0.00	0.00			0.00
1013940584	0430	043025	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0430	043025	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0430	043025	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0430	043025	11	1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP	29.48				CLAIM	TOTALS		634.00	320.52	29.48	0.00		458.33	146.19
ADJ TO TOTAL:	PREV PD				INTEREST			0.00		LATE FILING CHARGE		0.00	NET	146.19
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
	12	4365.82	1774.50	60.05	0.00	2880.66	1425.11	0.00	1425.11

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-104	Managed care withholding.
CO-181	Payment adjusted because this procedure code was invalid on the date of service
CO-24	Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.
CO-45	Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-6	The procedure / revenue code is inconsistent with the patient's age.
CO-97	Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
CO-B15	Payment adjusted because this service / procedure requires that a qualifying service / procedure be received and covered. The qualifying other service / procedure has not been received / adjudicated.
M51	Missing / incomplete / invalid procedure code(s).
N1	Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract or plan benefit documents.
N517	Resubmit a new claim with the requested information.
PR-1	Deductible Amount
PR-27	Expenses incurred after coverage terminated.
PR-3	Co-payment Amount



Blue Cross Complete of Michigan []
 PO Box 7355
 London, KY 40742

REMITTANCE
 ADVICE

TOBOLIC TIMOTHY MD
 7740 BYRON CENTER AVENUE
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-03-05
 NONPAY #: 263059692
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BARKHUFF, JEFFERY E					HIC 992770270	ACNT 4679LMD642				ICN 605961370900	ASG Y MOA	
1013940584	0110	011025	11	1	99215		295.00	0.00	0.00	0.00	CO-45 179.55	0.00
						REM: N521 N286 N381					CO-16 115.45	
1013940584	0110	011025	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	1159F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM TOTALS		295.00	0.00	0.00	0.00	295.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00 NET	0.00
PLAN TYPE: 00074763												
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
	1	295.00	0.00	0.00	0.00	295.00	0.00	0.00	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.
 N286 Missing / incomplete / invalid referring provider primary identifier.
 N381 Consult our contractual agreement for restrictions / billing / payment information related to these charges.
 N521 Mismatch between the submitted provider information and the provider information stored in our system.



Blue Cross Complete of Michigan []
PO Box 7355
London, KY 40742

REMITTANCE
ADVICE

TOBOLIC TIMOTHY MD
7740 BYRON CENTER AVENUE

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-04
EFT #: 1178312309
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME RADER, MATTIA M			HIC 993074841		ACNT 3981LMD642		ICN 605873541001			ASG Y MOA		
1013940584	0107	010725	11	1	99214		219.00	0.00	0.00	0.00	CO-45 136.99	82.01
REM: N381												
1013940584	0107	010725	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM TOTALS		219.00	0.00	0.00	0.00	136.99	82.01
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 82.01
PLAN TYPE: 00074738												
STATUS CODE 1: Processed as Primary												

NAME RADER, MATTIA M			HIC 993074841		ACNT 3981LMD642		ICN 605873541000			ASG Y MOA		
1013940584	0107	010725	11	1	99214		-219.00	0.00	0.00	0.00	CO-45 -136.99	0.00
REM: N521 N286 N381												
CO-16 -82.01												
1013940584	0107	010725	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM TOTALS		-219.00	0.00	0.00	0.00	-219.00	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: 00074738												
STATUS CODE 22: Reversal of Previous Payment												

NAME RADER, MATTIA M			HIC 993074841		ACNT 3981LMD642		ICN 605956823600			ASG Y MOA		
1013940584	0107	010725	11	1	99214		219.00	0.00	0.00	0.00	OA-18 219.00	0.00
1013940584	0107	010725	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM TOTALS		219.00	0.00	0.00	0.00	219.00	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: 00074738												
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Claim transmission fee amount (AH)		1178312309		1.63

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	219.00	0.00	0.00	0.00	136.99	80.38	1.63	80.38

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.

N286 Missing / incomplete / invalid referring provider primary identifier.

N381 Consult our contractual agreement for restrictions / billing / payment information related to these charges.

N521 Mismatch between the submitted provider information and the provider information stored in our system.

OA-18 Duplicate claim / service.



Cigna Supplemental Benefits []
P.O. BOX 5710
Scranton, PA 18505
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC
7740 BYRON CENTER AVE SW

BYRON CENTER, MI 49315

NPI #: 1013940584
PAGE #: 1 of 1
DATE: 2025-05-08
EFT #: 667114646
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ROBINSON, KAREN J		HIC 80Y0272107	ACNT 5802LMD642					ICN C14525041831	ASG Y MOA	
272620668	0411 041125	1 99213			146.00	17.13	0.00	0.00	OA-253 1.37	17.13
	(11)								OA-23 127.50	
272620668	0411 041125	1 G2211			25.00	3.05	0.00	0.00	OA-253 0.24	3.05
	(11)								OA-23 21.71	
PT RESP	0.00		CLAIM TOTALS		171.00	20.18	0.00	0.00	150.82	20.18
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00 NET	20.18
STATUS CODE 2: Processed as Secondary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	0.50

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	171.00	20.18	0.00	0.00	150.82	19.68	0.50	19.68

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments
OA-253 Sequestration - reduction in federal spending



HIGHMARK BLUE SHIELD []
1800 CENTER STREET
CAMP HILL, PA 17089

REMITTANCE
ADVICE

TOBOLIC TIMOTHY MD [002580476]
STE 202
7740 BYRON CENTER AVE
BYRON CENTER, MI 49315

TAX ID #: 272620668
PAGE #: 1 of 1
DATE: 2025-03-11
NONPAY #: 264136874

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	STANHOPE, GEORGE A			HIC 112448369001	ACNT 4995LMD642			ICN 22855303619		ASG Y	MOA N25 N219
002580476	0127 012725 10	0	98966			25.18	0.00	0.00	0.00	PR-204	25.18 0.00
PT RESP	25.18		CLAIM TOTALS			25.18	0.00	0.00	0.00		25.18 0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: U CLASSICBLUE INDEMNITY PROFESSIONAL											
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
	1	25.18	0.00	0.00	0.00	25.18	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

N219 Payment based on previous payer's allowed amount.

N25 This company has been contracted by your benefit plan to provide administrative claims payment services only. This company does not assume financial risk or obligation with respect to claims processed on behalf of your benefit plan.

PR-204 This service / equipment / drug is not covered under the patient's current benefit plan



HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601
(000)000-0000
APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [941242]
7740 BYRON CENTER AVE SW STE 2

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-02
EFT #: 153765416250303
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME PRENTISS, PHYLLIS					HIC H78824854	ACNT 4985LMD642				ICN 820250570811215	ASG Y MOA		
1306898036	0224	022425	11	1	71046		68.20	30.57	0.00	0.00	CO-253	0.61	29.96
											CO-45	37.63	
HCPI: RECONSIDERATION													
PT RESP		0.00			CLAIM TOTALS		68.20	30.57	0.00	0.00		38.24	29.96
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	29.96
PLAN TYPE: MEDICARE ADVANTAGE PPO													
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	68.20	30.57	0.00	0.00	38.24	29.96	0.00	29.96				

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-253 Sequestration - reduction in federal spending
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.



HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601
(000)000-0000
APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [941242]
7740 BYRON CENTER AVE SW STE 2

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-11
EFT #: 154442889250312
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	SEVIGNY, DONALD A				HIC H71343606	ACNT 5138LMD642			ICN 820250660633527	ASG Y	MOA	
1013940584	0303	030325	10	1	98966		25.18	12.59	0.00	0.00	CO-253	12.34
											CO-45	12.59
PT RESP	0.00				CLAIM TOTALS		25.18	12.59	0.00	0.00	12.84	12.34
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	12.34
PLAN TYPE: MEDICARE ADVANTAGE PPO												
STATUS CODE 1: Processed as Primary												

NAME	SHERWOOD, JAMIE D				HIC H67116942	ACNT 5112LMD642			ICN 820250650659737	ASG Y	MOA	
1013940584	0305	030525	11	1	1160F		0.00	0.00	0.00	0.00		0.00
											CO-253	118.42
											CO-45	98.16
1013940584	0305	030525	11	1	G2211		25.00	0.00	0.00	0.00	CO-B1	0.00
1013940584	0305	030525	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	1159F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		244.00	120.84	0.00	0.00	125.58	118.42
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	118.42
PLAN TYPE: MEDICARE ADVANTAGE PPO												
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	269.18	133.43	0.00	0.00	138.42	130.76	0.00	130.76

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-253 Sequestration - reduction in federal spending
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-B1 Non-covered visits.
N20 Service not payable with other service rendered on the same date.



HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601
(000)000-0000
APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [941242]
7740 BYRON CENTER AVE SW STE 2

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-05-06
EFT #: 158467930250507
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	AUGUST, MABEL E				HIC	H70471467	ACNT 5663LMD642		ICN 820251210647588	ASG Y	MOA	
1013940584	0402	040225	11	1	1160F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	99214		219.00	120.84	0.00	0.00	CO-253 CO-45	2.42 98.16
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	G2211		25.00	15.26	0.00	0.00	CO-253 CO-45	0.31 9.74
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	G9899		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	1000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0402	040225	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
PT RESP	0.00				CLAIM	TOTALS	244.00	136.10	0.00	0.00	110.63	133.37
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 133.37
PLAN TYPE: MEDICARE ADVANTAGE PPO												
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	244.00	136.10	0.00	0.00	110.63	133.37	0.00	133.37

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-253 Sequestration - reduction in federal spending
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.



Insight Benefit Administrators LLC-ICL 1113 []
660 Ada Dr SE
Ada, MI 49301
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC
7740 BYRON CENTER AVE
SUITE 202
BYRON CENTER, MI 49315

NPI #: 1013940584
PAGE #: 1 of 1
DATE: 2025-03-17
EFT #: 638436947
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME AMES, WINSTON			HIC 44800003107	ACNT 447LMD642			ICN 202412220352	ASG Y	MOA	
272620668	0603 060324		99395		297.00	136.48	0.00	0.00	CO-45	136.48
272620668	0603 060324		3074F		0.00	0.00	0.00	0.00		0.00
272620668	0603 060324		2001F		0.00	0.00	0.00	0.00		0.00
272620668	0603 060324		2000F		0.00	0.00	0.00	0.00		0.00
272620668	0603 060324		1000F		0.00	0.00	0.00	0.00		0.00
272620668	0603 060324		1159F		0.00	0.00	0.00	0.00		0.00
272620668	0603 060324		3079F		0.00	0.00	0.00	0.00		0.00
272620668	0603 060324		3008F		0.00	0.00	0.00	0.00		0.00
272620668	0603 060324		1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS		297.00	136.48	0.00	0.00		136.48
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	136.48
STATUS CODE 1: Processed as Primary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	3.37

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	297.00	136.48	0.00	0.00	160.52	133.11	3.37	133.11

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

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



Insight Benefit Administrators LLC-ICL 1113 []
 660 Ada Dr SE
 Ada, MI 49301
 (000)000-0000

REMITTANCE
 ADVICE

TIMOTHY J TOBOLIC MD PLLC
 7740 BYRON CENTER AVE
 SUITE 202
 BYRON CENTER, MI 49315

NPI #: 1013940584
 PAGE #: 1 of 1
 DATE: 2025-03-17
 NONPAY #: 639078240
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DEKLEINE, JOHN		HIC 30000001798	ACNT 4776LMD642				ICN 202503040223	ASG Y	MOA	
272620668	1204 120424	99214 25			219.00	0.00	0.00	0.00	CO-163 219.00	0.00
									CO-45 -193.90	
									OA-23 96.95	
									OA-22 96.95	
272620668	1204 120424	3078F			0.00	0.00	0.00	0.00		0.00
272620668	1204 120424	G2211			25.00	0.00	0.00	0.00	CO-163 25.00	0.00
272620668	1204 120424	36415			15.00	0.00	0.00	0.00	CO-163 15.00	0.00
									CO-45 -17.30	
									OA-23 8.65	
									OA-22 8.65	
272620668	1204 120424	G0444 XU			29.45	0.00	0.00	0.00	CO-163 29.45	0.00
272620668	1204 120424	93000			71.00	0.00	0.00	0.00	CO-163 71.00	0.00
									CO-45 -21.52	
									OA-23 10.76	
									OA-22 10.76	
272620668	1204 120424	90662			90.00	0.00	0.00	0.00	CO-163 90.00	0.00
									CO-45 -163.64	
									OA-23 81.82	
									OA-22 81.82	
272620668	1204 120424	G0008			41.00	0.00	0.00	0.00	CO-163 41.00	0.00
									CO-45 -61.74	
									OA-23 30.87	
									OA-22 30.87	
272620668	1204 120424	G8510			0.00	0.00	0.00	0.00		0.00
272620668	1204 120424	3074F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS			490.45	0.00	0.00	0.00	490.45	0.00
ADJ TO TOTAL: PREV PD		INTEREST			0.00		LATE FILING CHARGE	0.00	NET	0.00
STATUS CODE 2: Processed as Secondary										

NAME DEKLEINE, JOHN		HIC 30000001798	ACNT 4775LMD642				ICN 202503040224	ASG Y	MOA	
272620668	1224 122424	99213 25			146.00	0.00	0.00	0.00	CO-45 -137.22	0.00
									OA-23 68.61	
									OA-22 68.61	
									PR-204 146.00	
272620668	1224 122424	69209			29.00	0.00	0.00	0.00	CO-163 29.00	0.00
									CO-45 -22.96	
									OA-23 11.48	
									OA-22 11.48	
272620668	1224 122424	3008F			0.00	0.00	0.00	0.00		0.00
272620668	1224 122424	2001F			0.00	0.00	0.00	0.00		0.00
272620668	1224 122424	2000F			0.00	0.00	0.00	0.00		0.00
272620668	1224 122424	1000F			0.00	0.00	0.00	0.00		0.00
272620668	1224 122424	1159F			0.00	0.00	0.00	0.00		0.00
272620668	1224 122424	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	146.00	CLAIM TOTALS			175.00	0.00	0.00	0.00	175.00	0.00
ADJ TO TOTAL: PREV PD		INTEREST			0.00		LATE FILING CHARGE	0.00	NET	0.00
STATUS CODE 2: Processed as Secondary										

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	665.45	0.00	0.00	0.00	665.45	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-163 Claim / Service adjusted because the attachment referenced on the claim was not received.
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 OA-22 Payment adjusted because this care may be covered by another payer per coordination of benefits.
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments
 PR-204 This service / equipment / drug is not covered under the patient's current benefit plan



MERIDIAN HEALTH PLAN OF MICHIGAN []
MEDICARE-MEDICAID PLAN
FARMINGTON, MO 63640
(800)225-2573

REMITTANCE
ADVICE

TIMOTHY TOBOLIC MD PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-11
EFT #: 635072400
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BAKER, CHARLES			HIC 1226533136		ACNT 5031LMD642		ICN Y059MIE13938		ASG Y		MOA	
1013940584	0227	022725	1	99214	25		219.00	110.16	0.00	0.00	CO-45	110.16
1013940584	0227	022725	1	82043	QW		14.70	4.78	0.00	0.00	CO-45	4.78
1013940584	0227	022725	1	82570	QW		17.85	4.29	0.00	0.00	CO-45	4.29
1013940584	0227	022725	1	81001			43.05	2.62	0.00	0.00	CO-45	2.62
1013940584	0227	022725	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	3061F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS				294.60	121.85	0.00	0.00		121.85
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE		0.00	NET	121.85
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	3.01

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	294.60	121.85	0.00	0.00	172.75	118.84	3.01	118.84

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



MERIDIAN HEALTH PLAN OF MICHIGAN []
 MEDICARE-MEDICAID PLAN
 FARMINGTON, MO 63640
 (800)225-2573

REMITTANCE
 ADVICE

TIMOTHY TOBOLIC MD PLLC
 7740 BYRON CENTER AVE SW
 STE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-03-18
 EFT #: 639028735
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	PETRAK, DALE DIANA		HIC 0060031484	ACNT	5042LMD642				ICN Y063MIE18380	ASG Y MOA	
1306898036	0228 022825		1 99395			297.00	85.41	0.00	0.00	CO-45	211.59 85.41
1306898036	0228 022825		1 36415			20.00	7.91	0.00	0.00	CO-45	12.09 7.91
1306898036	0228 022825		1 G0442 XU			30.00	0.00	0.00	0.00	CO-96	30.00 0.00
			REM: N448								
1306898036	0228 022825		1 G0444 XU 33			29.45	0.00	0.00	0.00	CO-96	29.45 0.00
			REM: N448								
1306898036	0228 022825		1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825		1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825		1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825		1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			376.45	93.32	0.00	0.00		283.13 93.32
ADJ TO TOTAL:	PREV PD		INTEREST			0.00		LATE FILING CHARGE		0.00	NET 93.32
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	2.31

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	376.45	93.32	0.00	0.00	283.13	91.01	2.31	91.01

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 CO-96 Non-covered charge(s).
 N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement



MERIDIAN HEALTH PLAN OF MICHIGAN []
 MEDICARE-MEDICAID PLAN
 FARMINGTON, MO 63640
 (800)225-2573

REMITTANCE
 ADVICE

TIMOTHY TOBOLIC MD PLLC
 7740 BYRON CENTER AVE SW
 STE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-05-08
 EFT #: 668158636
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HYDE, QUINCY D		HIC 0037083502	ACNT	5966LMD642			ICN Y121MIE00144	ASG Y	MOA	
1306898036	0421 042125	1 99213 25			146.00	82.19	0.00	0.00	CO-45	63.81 10.26
1306898036	0421 042125	1 G2211			25.00	0.00	0.00	0.00	OA-23	71.93
			REM: N448						CO-96	25.00 0.00
1306898036	0421 042125	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0421 042125	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0421 042125	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0421 042125	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0421 042125	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0421 042125	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS			171.00	82.19	0.00	0.00		160.74 10.26
ADJ TO TOTAL: PREV PD		INTEREST			0.00		LATE FILING CHARGE		0.00	NET 10.26
STATUS CODE 2: Processed as Secondary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Forwarding Balance (FB)		5733LMD642		3.13
Adjustment (CS)	ZELIS		TRANSACTION FEE	0.18

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	171.00	82.19	0.00	0.00	160.74	6.95	3.31	6.95

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 CO-96 Non-covered charge(s).
 N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments



MERIDIAN HEALTH PLAN OF MICHIGAN, INC. []
P.O. BOX 31370
TAMPA, FL 33631
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC
7740 BYRON CENTER AVE
STE 202
BYRON CENTER, MI 49315

NPI #: 1013940584
PAGE #: 1 of 1
DATE: 2025-05-09
EFT #: 668855208
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	PIERSON, MARTIN		HIC 43995573	ACNT	6065LMD642			ICN 3162440246		ASG Y MOA	
1306898036	0425	042525	1 99214 25			219.00	126.88	0.00	0.00	CO-45	124.34
										PI-253	2.54
1306898036	0425	042525	1 G2211			25.00	16.02	0.00	0.00	CO-45	15.70
										PI-253	0.32
1306898036	0425	042525	1 0513F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 G8417			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 G0447 XU			50.00	32.49	0.00	0.00	CO-45	31.84
										PI-253	0.65
1306898036	0425	042525	1 99401 25			65.00	0.00	0.00	0.00	CO-96	0.00
				REM: N425							
1306898036	0425	042525	1 G0446 XU			65.00	32.49	0.00	0.00	CO-97	0.00
				REM: N19							
1306898036	0425	042525	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			424.00	207.88	0.00	0.00	252.12	171.88
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	171.88
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Adjustment (CS)	ZELIS		TRANSACTION FEE	4.25

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	424.00	207.88	0.00	0.00	252.12	167.63	4.25	167.63

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-96 Non-covered charge(s).
CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
N19 Procedure code incidental to primary procedure.
N425 Statutorily excluded service(s).
PI-253 Sequestration - reduction in federal spending



MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES []
P.O. BOX 30479
LANSING, MI 48909

REMITTANCE
ADVICE

TIMOTHY TOBOLIC, MD, PLLC [CV0012104]
7740 BYRON CENTER AVE SW

TAX ID #: 272620668
PAGE #: 1 of 4
DATE: 2025-03-05
CHECK #: 108420609

BYRON CENTER, MI 493156928

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CHACHULSKI, REBECCA J	HIC 0059961701	ACNT 4486LMD642	ICN 312505210474422000	ASG Y	MOA					
1013940584 1206 120624 11	1 99214	247.32	110.94	0.00	0.00	CO-45	136.38	110.94		
REM: N442										
1013940584 1206 120624 11	1 3080F	0.00	0.00	0.00	0.00			0.00		
1013940584 1206 120624 11	1 3077F	0.00	0.00	0.00	0.00			0.00		
PT RESP	0.00	CLAIM TOTALS	247.32	110.94	0.00	0.00		136.38	110.94	
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE FILING CHARGE		0.00	NET	110.94		
STATUS CODE 1: Processed as Primary										
NAME LOSEY, CAMERON S	HIC 0041656110	ACNT 1659LMD642	ICN 312505210474395000	ASG Y	MOA					
1306898036 0813 081324 11	1 99080	100.00	0.00	0.00	0.00	CO-16	100.00	0.00		
REM: N448 N799 N65 N56										
1306898036 0813 081324 11	1 G8476	0.00	0.00	0.00	0.00			0.00		
1306898036 0813 081324 11	1 G8420	0.00	0.00	0.00	0.00			0.00		
1306898036 0813 081324 11	1 3075F	0.00	0.00	0.00	0.00			0.00		
1306898036 0813 081324 11	1 3078F	0.00	0.00	0.00	0.00			0.00		
PT RESP	0.00	CLAIM TOTALS	100.00	0.00	0.00	0.00		100.00	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 CHACHULSKI, REBECCA J	HIC 0059961701	ACNT 4489LMD642	ICN 312505210474426000	ASG Y	MOA					
1013940584 1227 122724 11	1 99214	247.32	110.94	0.00	0.00	CO-45	136.38	110.94		
REM: N442										
1013940584 1227 122724 11	1 3080F	0.00	0.00	0.00	0.00			0.00		
1013940584 1227 122724 11	1 3077F	0.00	0.00	0.00	0.00			0.00		
PT RESP	0.00	CLAIM TOTALS	247.32	110.94	0.00	0.00		136.38	110.94	
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE FILING CHARGE		0.00	NET	110.94		
STATUS CODE 1: Processed as Primary										
NAME CHACHULSKI, REBECCA J	HIC 0059961701	ACNT 4491LMD642	ICN 312505210474430000	ASG Y	MOA					
1013940584 0821 082124 11	1 99213	175.02	78.66	0.00	0.00	CO-45	96.36	78.66		
REM: N442										
1013940584 0821 082124 11	1 3080F	0.00	0.00	0.00	0.00			0.00		
1013940584 0821 082124 11	1 3077F	0.00	0.00	0.00	0.00			0.00		
PT RESP	0.00	CLAIM TOTALS	175.02	78.66	0.00	0.00		96.36	78.66	
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE FILING CHARGE		0.00	NET	78.66		
STATUS CODE 1: Processed as Primary										
NAME CHACHULSKI, REBECCA J	HIC 0059961701	ACNT 4487LMD642	ICN 312505210474424000	ASG Y	MOA					
1013940584 1213 121324 11	1 99214	247.32	110.94	0.00	0.00	CO-45	136.38	110.94		
REM: N442										
1013940584 1213 121324 11	1 3080F	0.00	0.00	0.00	0.00			0.00		
1013940584 1213 121324 11	1 3077F	0.00	0.00	0.00	0.00			0.00		
PT RESP	0.00	CLAIM TOTALS	247.32	110.94	0.00	0.00		136.38	110.94	
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE FILING CHARGE		0.00	NET	110.94		
STATUS CODE 1: Processed as Primary										



MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

TAX ID #: 272620668

TIMOTHY TOBOLIC, MD, PLLC [CV0012104]

REMITTANCE

CHECK #: 108420609

PAGE #: 2 of 4

ADVICE

DATE: 2025-03-05

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	CHACHULSKI, REBECCA J	HIC	0059961701	ACNT	4490LMD642	ICN	312505210474427000	ASG	Y	MOA		
1013940584	0607	060724	11	1	99395		297.00	104.46	0.00	0.00	CO-45	192.54 104.46
					REM: N442 N30							
1013940584	0607	060724	11	1	36415		20.00	7.31	0.00	0.00	CO-45	12.69 7.31
					REM: N30							
1013940584	0607	060724	11	1	99213	25	175.02	78.66	0.00	0.00	CO-45	96.36 78.66
					REM: N442 N30							
1013940584	0607	060724	11	1	G0444	XU 33	29.45	0.00	0.00	0.00	CO-16	29.45 0.00
					REM: N65 N56							
1013940584	0607	060724	11	1	G0442	XU	30.00	0.00	0.00	0.00	CO-16	30.00 0.00
					REM: N65 N56							
1013940584	0607	060724	11	1	G9622		0.00	0.00	0.00	0.00		0.00
					REM: N65							
1013940584	0607	060724	11	1	G8510		0.00	0.00	0.00	0.00		0.00
					REM: N65							
1013940584	0607	060724	11	1	3080F		0.00	0.00	0.00	0.00		0.00
					REM: N65							
1013940584	0607	060724	11	1	3077F		0.00	0.00	0.00	0.00		0.00
					REM: N65							
PT RESP	0.00				CLAIM TOTALS		551.47	190.43	0.00	0.00		361.04 190.43
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 190.43
STATUS CODE 1: Processed as Primary												

NAME	DIAZ, RAMON A	HIC	1089254363	ACNT	1880LMD642	ICN	312505210474393000	ASG	Y	MOA		
1306898036	0826	082624	11	1	99394		289.00	102.32	0.00	0.00	CO-45	186.68 102.32
					REM: N442							
1306898036	0826	082624	11	1	G8476		0.00	0.00	0.00	0.00		0.00
1306898036	0826	082624	11	1	G8420		0.00	0.00	0.00	0.00		0.00
1306898036	0826	082624	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0826	082624	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0826	082624	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0826	082624	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0826	082624	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0826	082624	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0826	082624	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0826	082624	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		289.00	102.32	0.00	0.00		186.68 102.32
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 102.32
STATUS CODE 1: Processed as Primary												

NAME	VANDAM, BRIAN H	HIC	1057775683	ACNT	455LMD642	ICN	312505210474399000	ASG	Y	MOA	N219	
1306898036	0603	060324	11	1	99213		146.00	2.00	0.00	0.00	CO-45	28.00 2.00
					REM: MA125 N442 N131						OA-23	116.00
1306898036	0603	060324	11	1	0513F		0.00	0.00	0.00	0.00		0.00
1306898036	0603	060324	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0603	060324	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0603	060324	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0603	060324	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0603	060324	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1306898036	0603	060324	11	1	2000F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		146.00	2.00	0.00	0.00		144.00 2.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 2.00
STATUS CODE 2: Processed as Secondary												

NAME	CHACHULSKI, REBECCA J	HIC	0059961701	ACNT	4488LMD642	ICN	312505210483353000	ASG	Y	MOA		
1013940584	1119	111924	11	1	99214		247.32	110.94	0.00	0.00	CO-45	136.38 110.94
					REM: N442							
1013940584	1119	111924	11	1	3080F		0.00	0.00	0.00	0.00		0.00
1013940584	1119	111924	11	1	3077F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		247.32	110.94	0.00	0.00		136.38 110.94
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 110.94
STATUS CODE 1: Processed as Primary												

NAME	PERALES, VINCENT	HIC	0097391730	ACNT	3500LMD642	ICN	312505210474412000	ASG	Y	MOA		
1306898036	1210	121024	11	1	99214		219.00	110.94	0.00	0.00	CO-45	108.06 110.94
					REM: N442							
1306898036	1210	121024	11	1	0513F		0.00	0.00	0.00	0.00		0.00
1306898036	1210	121024	11	1	G8417		0.00	0.00	0.00	0.00		0.00
1306898036	1210	121024	11	1	G8427		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		219.00	110.94	0.00	0.00		108.06 110.94
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 110.94
STATUS CODE 1: Processed as Primary												



MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

TAX ID #: 272620668

TIMOTHY TOBOLIC, MD, PLLC [CV0012104]

REMITTANCE

CHECK #: 108420609

PAGE #: 3 of 4

ADVICE

DATE: 2025-03-05

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME PERALES, VINCENT			HIC 0097391730		ACNT 4466LMD642		ICN 312505210474421000		ASG Y		MOA	
1306898036	0129	012925	11	1	99213	25	146.00	78.28	0.00	0.00	CO-45	67.72 78.28
REM: N442												
1306898036	0129	012925	11	1	20552		76.00	33.44	0.00	0.00	CO-45	42.56 33.44
1306898036	0129	012925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0129	012925	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0129	012925	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0129	012925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0129	012925	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1306898036	0129	012925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS				222.00	111.72	0.00	0.00		110.28 111.72
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 111.72
STATUS CODE 1: Processed as Primary												

NAME PERALES, VINCENT			HIC 0097391730		ACNT 4600LMD642		ICN 312505210474433000		ASG Y		MOA	
1306898036	0204	020425	11	1	99213		146.00	78.28	0.00	0.00	CO-45	67.72 78.28
REM: N442												
1306898036	0204	020425	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1306898036	0204	020425	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1306898036	0204	020425	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0204	020425	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0204	020425	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1306898036	0204	020425	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0204	020425	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0204	020425	11	1	2001F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS				146.00	78.28	0.00	0.00		67.72 78.28
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 78.28
STATUS CODE 1: Processed as Primary												

NAME CRISMAN, HAROLD J			HIC 0000995344		ACNT 4615LMD642		ICN 322505210019405000		ASG Y		MOA MA114	
1306898036	0204	020425	11	1	G3002		156.72	0.00	0.00	0.00	CO-185	156.72 0.00
REM: N799 MA125												
1306898036	0204	020425	11	1	99497	33	132.00	52.40	0.00	0.00	CO-45	25.26 52.40
REM: MA125												
1306898036	0204	020425	11	1	G2211		25.00	0.00	0.00	0.00	OA-23	54.34
REM: N56												
1306898036	0204	020425	11	1	G0442	XU	43.00	0.00	0.00	0.00	CO-16	25.00 0.00
REM: N131 MA125												
1306898036	0204	020425	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0204	020425	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0204	020425	11	1	G8427		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS				356.72	52.40	0.00	0.00		304.32 52.40
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 52.40
STATUS CODE 2: Processed as Secondary												

NAME CHACHULSKI, REBECCA J			HIC 0059961701		ACNT 4490LMD642		ICN 312505210483358000		ASG Y		MOA	
1013940584	0607	060724	11	1	99395	25	297.00	104.46	0.00	0.00	CO-45	192.54 104.46
REM: N442 N30												
1013940584	0607	060724	11	1	36415		20.00	0.00	0.00	0.00	OA-18	20.00 0.00
REM: N522 N30												
1013940584	0607	060724	11	1	96127	XU 33	40.00	0.00	0.00	0.00	CO-16	40.00 0.00
REM: N65												
1013940584	0607	060724	11	1	96127	XU	40.00	0.00	0.00	0.00	CO-16	40.00 0.00
REM: N65												
1013940584	0607	060724	11	1	G9622		0.00	0.00	0.00	0.00		0.00
REM: N65												
1013940584	0607	060724	11	1	G8510		0.00	0.00	0.00	0.00		0.00
REM: N65												
1013940584	0607	060724	11	1	3080F		0.00	0.00	0.00	0.00		0.00
REM: N65												
1013940584	0607	060724	11	1	3077F		0.00	0.00	0.00	0.00		0.00
REM: N65												
PT RESP		0.00	CLAIM TOTALS				397.00	104.46	0.00	0.00		292.54 104.46
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 104.46
STATUS CODE 1: Processed as Primary												

NAME FARMER, HADLEY K			HIC 1160084197		ACNT 4806LMD642		ICN 312505710260896000		ASG Y		MOA	
1013940584	1202	120224	11	1	99394		289.00	0.00	0.00	0.00	CO-24	289.00 0.00
REM: N442												
PT RESP		0.00	CLAIM TOTALS				289.00	0.00	0.00	0.00		289.00 0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 4: Denied												



MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

REMITTANCE

TAX ID #: 272620668

TIMOTHY TOBOLIC, MD, PLLC [CV0012104]

ADVICE

CHECK #: 108420609

PAGE #: 4 of 4

DATE: 2025-03-05

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	FARMER, QUINTON M				HIC 1160079052	ACNT 4784LMD642				ICN 312505710260890000	ASG Y MOA	
1013940584	1202 120224	11	1	99394			289.00	0.00	0.00	0.00	CO-24	289.00 0.00
REM: N442												
1013940584	1202 120224	11	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1202 120224	11	1	3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		289.00	0.00	0.00	0.00	289.00	0.00
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 4:	Denied										NET	

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	16	4169.49	1274.97	0.00	0.00	2894.52	1274.97	0.00	1274.97

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-185 The rendering provider is not eligible to perform the service billed.

CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.

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

MA114 Missing / incomplete / invalid information on where the services were furnished.

MA125 Per legislation governing this program, payment constitutes payment in full.

N131 Total payments under multiple contracts cannot exceed the allowance for this service.

N219 Payment based on previous payer's allowed amount.

N30 Patient ineligible for this service.

N442 Payment based on an alternate fee schedule.

N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement

N522 Duplicate of a claim processed as a crossover claim.

N56 Procedure code billed is not correct / valid for the services billed or the date of service billed.

N65 Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service / provider.

N799 Submitted identifier must be an individual identifier, not group identifier.

OA-18 Duplicate claim / service.

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments



MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES []
P.O. BOX 30479
LANSING, MI 48909

REMITTANCE
ADVICE

TIMOTHY TOBOLIC, MD, PLLC [CV0012104]
7740 BYRON CENTER AVE SW

TAX ID #: 272620668
PAGE #: 1 of 2
DATE: 2025-03-12
CHECK #: 108443376

BYRON CENTER, MI 493156928

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	EARHART, KAYLEE M				HIC 0084109027	ACNT 4276LMD642				ICN 312505210474418000	ASG Y	MOA
1306898036	0120	012025	11	1	99395 25		0.00	0.00	0.00	0.00		0.00
					REM: N442							
1306898036	0120	012025	11	1	G2211		25.00	0.00	0.00	0.00	CO-16	25.00
					REM: N56 N799 N65							
1306898036	0120	012025	11	1	96127 XU		40.00	2.98	0.00	0.00	CO-45	37.02
1306898036	0120	012025	11	1	96127 XU		40.00	0.00	0.00	0.00	OA-18	40.00
					REM: N522							
1306898036	0120	012025	11	1	36415		20.00	7.53	0.00	0.00	CO-45	12.47
1306898036	0120	012025	11	1	97802		69.42	0.00	0.00	0.00	CO-16	69.42
					REM: N448 N799 N65 N56							
1306898036	0120	012025	11	1	G8417		0.00	0.00	0.00	0.00		0.00
1306898036	0120	012025	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0120	012025	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0120	012025	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		194.42	10.51	0.00	0.00		183.91
ADJ TO TOTAL: PREV PD					INTEREST		0.00					10.51
STATUS CODE 1: Processed as Primary												

NAME	TIMMER, MICHAEL				HIC 0032230703	ACNT 5070LMD642				ICN 312506310053942000	ASG Y	MOA
1306898036	0303	030325	11	1	99214		219.00	110.16	0.00	0.00	CO-45	108.84
					REM: N442							
1306898036	0303	030325	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0303	030325	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1306898036	0303	030325	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1306898036	0303	030325	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0303	030325	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0303	030325	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0303	030325	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0303	030325	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0303	030325	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		219.00	110.16	0.00	0.00		108.84
ADJ TO TOTAL: PREV PD					INTEREST		0.00					110.16
STATUS CODE 1: Processed as Primary												

NAME	KUIPER, JOSHUA D				HIC 0025552681	ACNT 4927LMD642				ICN 312506510204321000	ASG Y	MOA
1306898036	0219	021925	11	1	95117		37.00	0.00	0.00	0.00	CO-31	37.00
					REM: MA125							
PT RESP	0.00				CLAIM TOTALS		37.00	0.00	0.00	0.00		37.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00					0.00
STATUS CODE 4: Denied												

NAME	KUIPER, JOSHUA D				HIC 0025552681	ACNT 4147LMD642				ICN 312506510204316000	ASG Y	MOA
1306898036	0115	011525	11	1	95117		37.00	0.00	0.00	0.00	CO-B7	37.00
					REM: N570 MA125							
PT RESP	0.00				CLAIM TOTALS		37.00	0.00	0.00	0.00		37.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00					0.00
STATUS CODE 4: Denied												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	4	487.42	120.67	0.00	0.00	366.75	120.67	0.00	120.67

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-31 Claim denied as patient cannot be identified as our insured.

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

CO-B7 This provider was not certified / eligible to be paid for this procedure / service on this date of service.

MA125 Per legislation governing this program, payment constitutes payment in full.

N442 Payment based on an alternate fee schedule.

N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement



MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

REMITTANCE

TAX ID #: 272620668 TIMOTHY TOBOLIC, MD, PLLC [CV0012104]

ADVICE

CHECK #: 108443376 PAGE #: 2 of 2

DATE: 2025-03-12

N522 Duplicate of a claim processed as a crossover claim.

N56 Procedure code billed is not correct / valid for the services billed or the date of service billed.

N570 Missing / incomplete / invalid credentialing data

N65 Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service / provider.

N799 Submitted identifier must be an individual identifier, not group identifier.

OA-18 Duplicate claim / service.



Molina Healthcare of Michigan []
200 Oceangate, 6th Floor
Long Beach, CA 90802

REMITTANCE
ADVICE

TOBOLIC TIMOTHY MD
7740 BYRON CENTER AVE
STE 202
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-11
EFT #: 1179187855
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	DYKSTRA, GIL J		HIC	0003256779	ACNT	4879LMD642		ICN	25052125453	ASG Y	MOA
1306898036	0219	021925	1	99396		327.00	134.84	0.00	0.00	CO-45	192.16 134.84
1306898036	0219	021925	1	G0442 XU		30.00	21.90	0.00	0.00	CO-45	8.10 21.90
1306898036	0219	021925	1	G0444 XU 33		29.45	0.00	0.00	0.00	CO-97	29.45 0.00
				REM: N19							
1306898036	0219	021925	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	1	G9622		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		386.45	156.74	0.00	0.00		229.71 156.74
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 156.74
PLAN TYPE:	40047MI0010002										
STATUS CODE 1:	Processed as Primary										

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Claim transmission fee amount (AH)		1179187855		3.12

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	386.45	156.74	0.00	0.00	229.71	153.62	3.12	153.62

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
N19 Procedure code incidental to primary procedure.



Molina Healthcare of Michigan []
200 Oceangate, 6th Floor
Long Beach, CA 90802

REMITTANCE
ADVICE

TOBOLIC TIMOTHY MD
7740 BYRON CENTER AVE
STE 202
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-18
EFT #: 1180115207
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	RINCONES, BRIANNA M		HIC	0090767996	ACNT	5099LMD642			ICN	25066110793	ASG Y	MOA
1306898036	0304	030425	1	99395			297.00	114.91	0.00	0.00	CO-45	182.09
1306898036	0304	030425	1	G0442	XU		30.00	0.00	0.00	0.00	CO-96	30.00
					REM: N643							
1306898036	0304	030425	1	G0444	XU	33	29.45	0.00	0.00	0.00	CO-96	29.45
					REM: N643							
1306898036	0304	030425	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	1	1160F			0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	1	G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	1	G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM	TOTALS		356.45	114.91	0.00	0.00		241.54
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
PLAN TYPE: TQMXBP6757												114.91
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB	REASON	CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Claim transmission fee amount (AH)				1180115207		2.29
TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT
	1	356.45	114.91	0.00	0.00	241.54
						PROV PD AMT
						112.62
						PROV ADJ AMT
						2.29
						CHECK AMT
						112.62

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-96 Non-covered charge(s).
N643 The services billed are considered Not Covered or Non-Covered (NC) in the applicable state fee schedule.



OMAHA SUPPLEMENTAL INSURANCE COMPANY []
 3300 MUTUAL OF OMAHA PLZ
 OMAHA, NE 681751004
 (000)000-0000

REMITTANCE
 ADVICE

TIMOTHY J TOBOLIC MD PL [0006598733]
 STE 202
 7740 BYRON CENTER AVE
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-03-17
 EFT #: 637854864
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME HUIZENGA, LINDA E				HIC 88261996L	ACNT 4916LMD642				ICN 586283818500-011/20250311MIBA0701	ASG Y	MOA	
1013940584	0130	013025	11	G0180		99.42	9.94	0.00	0.00	OA-23	89.48	9.94
PT RESP	0.00			CLAIM TOTALS		99.42	9.94	0.00	0.00		89.48	9.94
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET	9.94
STATUS CODE 2: Processed as Secondary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	0.25

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	99.42	9.94	0.00	0.00	89.48	9.69	0.25	9.69

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments



OMAHA SUPPLEMENTAL INSURANCE COMPANY []
 3300 MUTUAL OF OMAHA PLZ
 OMAHA, NE 681751004
 (000)000-0000

REMITTANCE
 ADVICE

TIMOTHY J TOBOLIC MD PL [0006598733]
 STE 202
 7740 BYRON CENTER AVE
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-03-12
 NONPAY #: 202503122336541005427
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	MOA
NAME MCMURRAY, JOAN H		HIC 25851296L	ACNT	4922LMD642	ICN 586362983800-001/20250312MIBA0466	ASG Y					
1306898036	0221 022125 11	G0439		361.00	0.00	0.00	0.00	0.00	OA-23	361.00	0.00
1306898036	0221 022125 11	99214 25		241.68	0.00	120.84	0.00	0.00	OA-23	120.84	0.00
		REM: N536									
1306898036	0221 022125 11	99497 33		132.00	0.00	0.00	0.00	0.00	OA-23	132.00	0.00
1306898036	0221 022125 11	G2211		25.00	0.00	15.26	0.00	0.00	OA-23	9.74	0.00
		REM: N536									
1306898036	0221 022125 11	36415		20.00	0.00	0.00	0.00	0.00	OA-23	20.00	0.00
1306898036	0221 022125 11	G0442 XU		30.00	0.00	0.00	0.00	0.00	OA-23	30.00	0.00
1306898036	0221 022125 11	G0444 XU		29.45	0.00	0.00	0.00	0.00	OA-23	29.45	0.00
1306898036	0221 022125 11	1036F		0.00	0.00	0.00	0.00	0.00			0.00
1306898036	0221 022125 11	G9622		0.00	0.00	0.00	0.00	0.00			0.00
1306898036	0221 022125 11	G8510		0.00	0.00	0.00	0.00	0.00			0.00
PT RESP	136.10	CLAIM TOTALS		839.13	0.00	136.10	0.00			703.03	0.00
ADJ TO TOTAL: PREV PD		INTEREST		0.00		LATE FILING CHARGE			0.00	NET	0.00
STATUS CODE 2: Processed as Secondary											

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	839.13	0.00	136.10	0.00	703.03	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

N536 We are not changing the prior payer's determination of patient responsibility, which you may collect, as this service is not covered by us.
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments
 PR-1 Deductible Amount



Oscar []
P.O. Box 52146
Phoenix, AZ 85072

REMITTANCE
ADVICE

TOBOLIC TIMOTHY MD
7740 BYRON CENTER AVE
STE 202
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-06
EFT #: 1178392898
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	JOHNSON, PHILLIP				HIC	OSC7789090501	ACNT	5008LMD642	ICN	5VR0JSN1	ASG Y	MOA
1306898036	0226	022625	11	1	99213			146.00	115.60	0.00	0.00	45.60
											CO-45	30.40
											PR-3	70.00
1306898036	0226	022625	11	1	0513F			0.00	0.00	0.00	0.00	0.00
1306898036	0226	022625	11	1	3078F			0.00	0.00	0.00	0.00	0.00
1306898036	0226	022625	11	1	1036F			0.00	0.00	0.00	0.00	0.00
1306898036	0226	022625	11	1	3077F			0.00	0.00	0.00	0.00	0.00
1306898036	0226	022625	11	1	3008F			0.00	0.00	0.00	0.00	0.00
1306898036	0226	022625	11	1	2001F			0.00	0.00	0.00	0.00	0.00
1306898036	0226	022625	11	1	2000F			0.00	0.00	0.00	0.00	0.00
1306898036	0226	022625	11	1	1000F			0.00	0.00	0.00	0.00	0.00
1306898036	0226	022625	11	1	1159F			0.00	0.00	0.00	0.00	0.00
1306898036	0226	022625	11	1	1160F			0.00	0.00	0.00	0.00	0.00
PT RESP	70.00				CLAIM TOTALS			146.00	115.60	0.00	0.00	45.60
ADJ TO TOTAL: PREV PD					INTEREST			0.00				45.60
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Claim transmission fee amount (AH)		1178392898		0.91

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	146.00	115.60	0.00	0.00	100.40	44.69	0.91	44.69

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
PR-3 Co-payment Amount



Oscar []
P.O. Box 52146
Phoenix, AZ 85072

REMITTANCE
ADVICE

TOBOLIC TIMOTHY MD
7740 BYRON CENTER AVE
STE 202
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-06
EFT #: 1178392899
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ZENKER, PATRICIA			HIC		OSC7674957901	ACNT	5015LMD642	ICN		G3M43SWQ	ASG Y	MOA
1306898036	0226	022625	11	1	99386		388.00	157.71	0.00	0.00	CO-45	157.71
1306898036	0226	022625	11	1	36415		20.00	0.00	0.00	0.00	CO-97	0.00
REM: M15												
1306898036	0226	022625	11	1	G0442		30.00	21.90	0.00	0.00	CO-45	21.90
1306898036	0226	022625	11	1	G0444		29.45	21.90	0.00	0.00	CO-45	21.90
1306898036	0226	022625	11	1	0513F		0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	11	1	3077F		0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	11	1	3080F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS			467.45	201.51	0.00	0.00		201.51
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	201.51
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB	REASON	CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Claim transmission fee amount (AH)				1178392899		4.01

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	467.45	201.51	0.00	0.00	265.94	197.50	4.01	197.50

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
M15 Separately billed services / tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.



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 #: 25047B1000356261
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HONDERD, KURT		HIC 94976602400	ACNT 4725LMD642					ICN 434850142200	ASG Y MOA	
1013940584	0207 020725	1 99214			219.00	144.12	0.00	0.00	CO-45 PR-3	74.88 20.00 124.12
1013940584	0207 020725	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0207 020725	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0207 020725	1 1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0207 020725	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0207 020725	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0207 020725	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0207 020725	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0207 020725	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0207 020725	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	20.00		CLAIM TOTALS		219.00	144.12	0.00	0.00		94.88 124.12
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 124.12
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
	1	219.00	144.12	0.00	0.00	94.88	124.12	0.00	124.12

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-3 Co-payment Amount



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 #: 25054B1000348393
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CURTIS, KRISTEN			HIC	94865647500	ACNT	4824LMD642		ICN	435102743900	ASG Y	MOA
1306898036	0217	021725	1	99213	25	146.00	107.30	107.30	0.00	CO-45	38.70
1306898036	0217	021725	1	36415		20.00	15.09	0.00	0.00	CO-45	4.91
1306898036	0217	021725	1	3044F		0.00	0.00	0.00	0.00		
1306898036	0217	021725	1	3074F		0.00	0.00	0.00	0.00		
1306898036	0217	021725	1	3079F		0.00	0.00	0.00	0.00		
1306898036	0217	021725	1	3008F		0.00	0.00	0.00	0.00		
1306898036	0217	021725	1	2001F		0.00	0.00	0.00	0.00		
1306898036	0217	021725	1	2000F		0.00	0.00	0.00	0.00		
1306898036	0217	021725	1	1000F		0.00	0.00	0.00	0.00		
1306898036	0217	021725	1	1159F		0.00	0.00	0.00	0.00		
1306898036	0217	021725	1	1160F		0.00	0.00	0.00	0.00		
PT RESP	107.30		CLAIM TOTALS			166.00	122.39	107.30	0.00		43.61
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary											

NAME GOODMAN, TODD			HIC 94866310900	ACNT 3966LMD642	ICN 426842749900		ASG Y	MOA			
1013940584	0107	010725	1 99214		219.00	151.33	0.00	0.00	CO-45	67.67	141.33
									PR-3	10.00	
1013940584	0107	010725	1 2001F		0.00	0.00	0.00	0.00			0.00
1013940584	0107	010725	1 2000F		0.00	0.00	0.00	0.00			0.00
1013940584	0107	010725	1 1000F		0.00	0.00	0.00	0.00			0.00
1013940584	0107	010725	1 1159F		0.00	0.00	0.00	0.00			0.00
1013940584	0107	010725	1 1160F		0.00	0.00	0.00	0.00			0.00
1013940584	0107	010725	1 3008F		0.00	0.00	0.00	0.00			0.00
PT RESP	10.00		CLAIM TOTALS		219.00	151.33	0.00	0.00		77.67	141.33
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	141.33
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	385.00	273.72	107.30	0.00	121.28	156.42	0.00	156.42

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-1 Deductible Amount
 PR-3 Co-payment Amount



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
 NONPAY #: 25054B1000351140
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	DAMSTRA, STEVEN		HIC 94807250003	ACNT	4881LMD642			ICN 435210137100	ASG Y	MOA	
1306898036	0219	021925	1	99213		146.00	102.19	102.19	0.00	CO-45	43.81 0.00
1306898036	0219	021925	1	G2211		25.00	0.00	0.00	0.00	CO-97	25.00 0.00
1306898036	0219	021925	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	1	1160F		0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	1	3075F		0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	102.19		CLAIM	TOTALS		171.00	102.19	102.19	0.00		68.81 0.00
ADJ TO TOTAL:	PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
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
	1	171.00	102.19	102.19	0.00	68.81	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
 PR-1 Deductible Amount



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.



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 6
DATE: 2025-03-06
EFT #: 25061B1000097252
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME ADAMCZYK, ALICIA				HIC	94981205301	ACNT	5007LMD642			ICN	435530833300	ASG Y	MOA	
1306898036	0226	022625		1	99396			327.00	171.02	0.00	0.00	CO-45	155.98	171.02
1306898036	0226	022625		1	36415			20.00	15.09	0.00	0.00	CO-45	4.91	15.09
1306898036	0226	022625		1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00	0.00
					REM: M51									
1306898036	0226	022625		1	G0444	33		29.45	0.00	0.00	0.00	CO-16	29.45	0.00
					REM: M51									
1306898036	0226	022625		1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0226	022625		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0226	022625		1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0226	022625		1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0226	022625		1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			406.45	186.11	0.00	0.00		220.34	186.11
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	186.11
PLAN TYPE: COREWELL HEALTH EMP GRP														
STATUS CODE 1: Processed as Primary														

NAME	BATT, DAVID			HIC	94983028104	ACNT	4710LMD642			ICN	434715864100	ASG Y	MOA	
1306898036	0210	021025		1	99213			146.00	107.30	0.00	0.00	CO-45	38.70	87.30
												PR-3	20.00	
1306898036	0210	021025		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0210	021025		1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0210	021025		1	G8427			0.00	0.00	0.00	0.00			0.00
1306898036	0210	021025		1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0210	021025		1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0210	021025		1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0210	021025		1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0210	021025		1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0210	021025		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	20.00				CLAIM TOTALS			146.00	107.30	0.00	0.00		58.70	87.30
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	87.30
STATUS CODE 1: Processed as Primary														

NAME	DOANE, DEBBIE			HIC	94805320400	ACNT	4925LMD642			ICN	435291595200	ASG Y	MOA	
1306898036	0221	022125		1	99214			219.00	151.33	0.00	0.00	CO-45	67.67	151.33
1306898036	0221	022125		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0221	022125		1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			219.00	151.33	0.00	0.00		67.67	151.33
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	151.33
STATUS CODE 1: Processed as Primary														

NAME	FLIER, TRENT			HIC	94854170700	ACNT	5005LMD642			ICN	435530833200	ASG Y	MOA	
1306898036	0226	022625		1	99495			318.00	292.87	0.00	0.00	CO-45	25.13	262.87
												PR-3	30.00	
1306898036	0226	022625		1	0513F			0.00	0.00	0.00	0.00			0.00
1306898036	0226	022625		1	G8427			0.00	0.00	0.00	0.00			0.00
1306898036	0226	022625		1	3077F			0.00	0.00	0.00	0.00			0.00
1306898036	0226	022625		1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP	30.00				CLAIM TOTALS			318.00	292.87	0.00	0.00		55.13	262.87
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	262.87
STATUS CODE 1: Processed as Primary														

NAME GODLEY, JACQUELYN	HIC 94711087500	ACNT 5014LMD642		ICN 435530834300	ASG Y	MOA
1306898036 0226 022625	1 98966	25.18	0.00	0.00 0.00	CO-96	25.18 0.00
	REM: N448					
PT RESP 0.00	CLAIM TOTALS	25.18	0.00	0.00 0.00		25.18 0.00
ADJ TO TOTAL: PREV PD	INTEREST	0.00		LATE FILING CHARGE	0.00	NET 0.00
PLAN TYPE: COREWELL HEALTH EMP GRP						
STATUS CODE 1: Processed as Primary						



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25061B1000097252TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 2 of 6REMITTANCE
ADVICE
DATE: 2025-03-06

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KUIPER, JOSHUA			HIC 94965949100		ACNT	4147LMD642	ICN 427569313500		ASG Y		MOA	
1306898036	0115	011525	1	95117			37.00	17.50	17.50	0.00	CO-45	19.50 0.00
PT RESP			17.50	CLAIM TOTALS			37.00	17.50	17.50	0.00		19.50 0.00
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET 0.00
PLAN TYPE: COREWELL HEALTH EMP GRP												
STATUS CODE 1: Processed as Primary												

NAME KUIPER, JOSHUA			HIC 94965949100		ACNT	4927LMD642	ICN 435291596200		ASG Y		MOA	
1306898036	0219	021925	1	95117			37.00	17.50	17.50	0.00	CO-45	19.50 0.00
PT RESP			17.50	CLAIM TOTALS			37.00	17.50	17.50	0.00		19.50 0.00
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET 0.00
PLAN TYPE: COREWELL HEALTH EMP GRP												
STATUS CODE 1: Processed as Primary												

NAME LAURENT, TIMOTHY			HIC 94947977900		ACNT	4151LMD642	ICN 427247303200		ASG Y		MOA	
1306898036	0115	011525	-1	G2211			-25.00	0.00	0.00	0.00	CO-97	-25.00 0.00
1306898036	0115	011525	-1	90656			-35.00	-22.35	0.00	0.00	CO-45	-12.65 -22.35
1306898036	0115	011525	-1	90471			-41.00	-28.11	0.00	0.00	CO-45	-12.89 -28.11
1306898036	0115	011525	-1	G0442			-43.00	0.00	0.00	0.00	CO-97	-43.00 0.00
			REM: N19									
1306898036	0115	011525	-1	G0444			-91.00	0.00	0.00	0.00	CO-97	-91.00 0.00
			REM: N19									
1306898036	0115	011525	-1	36415			-15.00	-15.00	0.00	0.00		-15.00
1306898036	0115	011525	-1	G8417			0.00	0.00	0.00	0.00		0.00
1306898036	0115	011525	-1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0115	011525	-1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0115	011525	-1	G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0115	011525	-1	99396	25		0.00	0.00	0.00	0.00		0.00
PT RESP			0.00	CLAIM TOTALS			-250.00	-65.46	0.00	0.00		-184.54 -65.46
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET -65.46
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 22: Reversal of Previous Payment												

NAME LAURENT, TIMOTHY			HIC 94947977900		ACNT	4151LMD642	ICN 434190875800		ASG Y		MOA	
1306898036	0115	011525	1	G2211			25.00	0.00	0.00	0.00	CO-97	25.00 0.00
1306898036	0115	011525	1	90656			35.00	22.35	0.00	0.00	CO-45	12.65 22.35
1306898036	0115	011525	1	90471			41.00	28.11	0.00	0.00	CO-45	12.89 28.11
1306898036	0115	011525	1	G0442	XU		43.00	0.00	0.00	0.00	CO-16	43.00 0.00
			REM: M51									
1306898036	0115	011525	1	G0444	XU		91.00	0.00	0.00	0.00	CO-16	91.00 0.00
			REM: M51									
1306898036	0115	011525	1	36415			15.00	15.00	0.00	0.00		15.00
1306898036	0115	011525	1	G8417			0.00	0.00	0.00	0.00		0.00
1306898036	0115	011525	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0115	011525	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0115	011525	1	G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0115	011525	1	99396	25		327.00	171.02	0.00	0.00	CO-45	155.98 171.02
PT RESP			0.00	CLAIM TOTALS			577.00	236.48	0.00	0.00		340.52 236.48
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET 236.48
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												

NAME RADLER, ANDREW			HIC 94953467700		ACNT	4956LMD642	ICN 435437910400		ASG Y		MOA	
1306898036	0224	022425	1	99213			146.00	107.30	0.00	0.00	CO-45	38.70 87.30
											PR-3	20.00
1306898036	0224	022425	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP			20.00	CLAIM TOTALS			146.00	107.30	0.00	0.00		58.70 87.30
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET 87.30
STATUS CODE 1: Processed as Primary												



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25061B1000097252

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 3 of 6

REMITTANCE
ADVICE
DATE: 2025-03-06

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME TIMMER, SUZANNE			HIC	94980954100	ACNT	3237LMD642	ICN 434190866900		ASG Y	MOA		
1306898036	1122	112224	40	J1010			40.00	0.00	0.00	0.00	CO-16	40.00 0.00
REM: N152												
1306898036	1122	112224	1	96372			45.00	0.00	0.00	0.00	CO-16	45.00 0.00
REM: N152												
1306898036	1122	112224	1	20610	RT		155.00	0.00	0.00	0.00	CO-16	155.00 0.00
REM: N152												
1306898036	1122	112224	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	1122	112224	1	G8417			0.00	0.00	0.00	0.00		0.00
1306898036	1122	112224	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	1122	112224	1	99214	25		247.32	0.00	0.00	0.00	CO-16	247.32 0.00
REM: N152												
PT RESP		0.00	CLAIM TOTALS				487.32	0.00	0.00	0.00		487.32 0.00
ADJ TO TOTAL: PREV PD			INTEREST				0.00		LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												

NAME DEWEERD, JARED			HIC	94912016300	ACNT	4150LMD642	ICN 427247302900		ASG Y	MOA		
1013940584	0115	011525	-1	99214	25		-219.00	-151.33	-151.33	0.00	CO-45	-67.67 0.00
1013940584	0115	011525	-1	90471			-41.00	-28.11	0.00	0.00	CO-45	-28.11
1013940584	0115	011525	-1	36415			-15.00	-15.00	0.00	0.00		-15.00
1013940584	0115	011525	-1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	-1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	-1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	-1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	-1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	-1	90715			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	-1	99385			-341.00	0.00	0.00	0.00	CO-A1	-341.00 0.00
REM: M15												
1013940584	0115	011525	11	99385			-341.00	0.00	0.00	0.00	OA-97	-341.00 0.00
PT RESP		0.00	CLAIM TOTALS				-957.00	-194.44	-151.33	0.00		-762.56 -43.11
ADJ TO TOTAL: PREV PD			INTEREST				0.00		LATE FILING CHARGE		0.00	NET -43.11
PLAN TYPE: WEST MI PARTNERS												
STATUS CODE 22: Reversal of Previous Payment												

NAME DEWEERD, JARED			HIC	94912016300	ACNT	4150LMD642	ICN 434234949300		ASG Y	MOA		
1013940584	0115	011525	1	99395	25		297.00	160.87	0.00	0.00	CO-45	136.13 160.87
1013940584	0115	011525	1	36415			15.00	15.00	0.00	0.00		15.00
1013940584	0115	011525	1	90715			87.00	53.60	0.00	0.00	CO-45	33.40 53.60
1013940584	0115	011525	1	90471			41.00	28.11	0.00	0.00	CO-45	12.89 28.11
1013940584	0115	011525	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS				440.00	257.58	0.00	0.00		182.42 257.58
ADJ TO TOTAL: PREV PD			INTEREST				0.00		LATE FILING CHARGE		0.00	NET 257.58
PLAN TYPE: WEST MI PARTNERS												
STATUS CODE 1: Processed as Primary												

NAME DIEKEVERS, KIM			HIC	94909008500	ACNT	4932LMD642	ICN 435291597400		ASG Y	MOA		
1013940584	0221	022125	1	99396	25		0.00	0.00	0.00	0.00		0.00
1013940584	0221	022125	1	96127	XU		40.00	9.34	0.00	0.00	CO-45	30.66 9.34
1013940584	0221	022125	1	96127	XU		40.00	9.34	0.00	0.00	CO-45	30.66 9.34
1013940584	0221	022125	1	36415			20.00	15.09	0.00	0.00	CO-45	4.91 15.09
1013940584	0221	022125	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0221	022125	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0221	022125	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0221	022125	1	G8510			0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS				100.00	33.77	0.00	0.00		66.23 33.77
ADJ TO TOTAL: PREV PD			INTEREST				0.00		LATE FILING CHARGE		0.00	NET 33.77
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25061B1000097252TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 4 of 6REMITTANCE
ADVICE
DATE: 2025-03-06

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KOPERSKI, JEFFREY			HIC 94967411600	ACNT 4968LMD642		ICN 435437914600	ASG Y	MOA			
1013940584	0224	022425	1 99213			146.00	107.30	107.30	0.00	CO-45	38.70 0.00
1013940584	0224	022425	1 3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1 1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP 107.30			CLAIM TOTALS			146.00	107.30	107.30	0.00		38.70 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 KOSTERS, SHIELA			HIC 94914669300	ACNT 4994LMD642		ICN 435489916400	ASG Y	MOA			
1013940584	1009	100924	1 83036 QW			60.90	10.72	0.00	0.00	CO-45	50.18 10.72
1013940584	1009	100924	1 3051F			0.00	0.00	0.00	0.00		0.00
PT RESP 0.00			CLAIM TOTALS			60.90	10.72	0.00	0.00		50.18 10.72
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	10.72
STATUS CODE 1: Processed as Primary											

NAME REGTS, GERALD			HIC 94889427200	ACNT 4965LMD642		ICN 435437913900	ASG Y	MOA			
1013940584	0224	022425	1 99213			146.00	107.30	0.00	0.00	CO-45 PR-3	38.70 87.30
1013940584	0224	022425	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1 1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP 20.00			CLAIM TOTALS			146.00	107.30	0.00	0.00		58.70 87.30
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	87.30
STATUS CODE 1: Processed as Primary											

NAME VANDERKAM, JEFFREY			HIC 94909207001	ACNT 3602LMD642		ICN 426345360500	ASG Y	MOA			
INSURED NAME: VANDERKAM, JEFF											
1013940584	1216	121624	-1 99396 25			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	-1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	-1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	-1 G9622			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	-1 G8510			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	-1 1036F			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	-1 36415			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	-1 96127 XU			-40.00	-9.34	0.00	0.00	CO-45	-30.66 -9.34
1013940584	1216	121624	-1 G8510			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	-1 G9622			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	-1 96127 XU			-40.00	-9.34	0.00	0.00	CO-45	-30.66 -9.34
PT RESP 0.00			CLAIM TOTALS			-80.00	-18.68	0.00	0.00		-61.32 -18.68
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	-18.68
PLAN TYPE: COREWELL HLTH WMI NTWK											
STATUS CODE 22: Reversal of Previous Payment											

NAME VANDERKAM, JEFFREY			HIC 94909207001	ACNT 3602LMD642		ICN 434190871100	ASG Y	MOA			
INSURED NAME: VANDERKAM, JEFF											
1013940584	1216	121624	1 99396 25			327.00	168.04	0.00	0.00	CO-45	158.96 168.04
1013940584	1216	121624	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	1 G9622			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	1 G8510			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	1 1036F			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	1 36415			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	1 96127 XU			40.00	9.34	0.00	0.00	CO-45	30.66 9.34
1013940584	1216	121624	1 G8510			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	1 G9622			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	1 96127 XU			40.00	9.34	0.00	0.00	CO-45	30.66 9.34
PT RESP 0.00			CLAIM TOTALS			407.00	186.72	0.00	0.00		220.28 186.72
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	186.72
PLAN TYPE: COREWELL HLTH WMI NTWK											
STATUS CODE 1: Processed as Primary											



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25061B1000097252TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 5 of 6REMITTANCE
ADVICE
DATE: 2025-03-06

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WALDO, SUZANNE			HIC	94909220400	ACNT	5017LMD642	ICN 435530834400		ASG Y	MOA		
1013940584	0226	022625	1	99396			327.00	171.02	0.00	0.00	CO-45	171.02
1013940584	0226	022625	1	36415			20.00	15.09	0.00	0.00	CO-45	15.09
1013940584	0226	022625	1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	0.00
REM: M51												
1013940584	0226	022625	1	G0444	33		29.45	0.00	0.00	0.00	CO-16	0.00
REM: M51												
1013940584	0226	022625	1	0513F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	G9621			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	G8431			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		406.45	186.11	0.00	0.00		
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE	0.00	NET	186.11
PLAN TYPE: MY PRIORITY HMO												
STATUS CODE 1: Processed as Primary												

NAME WITTKOPP, GINA			HIC	94960875901	ACNT	5029LMD642	ICN 435562160600		ASG Y	MOA		
1013940584	0227	022725	1	99213	25		146.00	107.30	0.00	0.00	CO-45	87.30
PR-3												
1013940584	0227	022725	1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	0.00
REM: M51												
1013940584	0227	022725	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	20.00				CLAIM TOTALS		175.45	107.30	0.00	0.00		
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE	0.00	NET	87.30
STATUS CODE 1: Processed as Primary												

NAME WYCHERS, PRESTON			HIC	94890348803	ACNT	3143LMD642	ICN 434190865900		ASG Y	MOA		
1013940584	1118	111824	1	99395	25		297.00	0.00	0.00	0.00	CO-22	0.00
REM: N36												
1013940584	1118	111824	1	96127	XU		40.00	0.00	0.00	0.00	CO-22	0.00
REM: N36												
1013940584	1118	111824	1	96127	XU		40.00	0.00	0.00	0.00	CO-22	0.00
REM: N36												
1013940584	1118	111824	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	2000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		377.00	0.00	0.00	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 CORPE, JODI			HIC	94775869200	ACNT	4987LMD642	ICN 435489914800		ASG Y	MOA		
1013940584	0225	022525	1	99213			146.00	0.00	0.00	0.00	CO-16	0.00
REM: N769												
1013940584	0225	022525	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		146.00	0.00	0.00	0.00		
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE	0.00	NET	0.00
PLAN TYPE: COREWELL HEALTH EMP GRP												
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
	23	3516.75	1834.61	-9.03	0.00	1792.14	1733.64	0.00	1733.64



PRIORITY HEALTH

REMITTANCE

NPI #: 1982923660

TIMOTHY J TOBOLIC MD PLLC [900068405]

ADVICE

EFT #: 25061B1000097252

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DATE: 2025-03-06

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).

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

CO-A1 Claim / Service denied.

M15 Separately billed services / tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

M51 Missing / incomplete / invalid procedure code(s).

N152 Missing / incomplete / invalid replacement claim information.

N19 Procedure code incidental to primary procedure.

N36 Claim must meet primary payer's processing requirements before we can consider payment.

N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement

N769 A lateral diagnosis is required.

OA-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

PR-1 Deductible Amount

PR-3 Co-payment Amount



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 17
DATE: 2025-03-06
EFT #: 25061B1000274668
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BEEBE, ROBERT			HIC 80033951800	ACNT 4955LMD642				ICN 435437909300	ASG Y	MOA	
1306898036	0224	022425	1 99214			219.00	120.84	0.00	0.00	CO-45 98.16	118.42
1306898036	0224	022425	1 G2211			25.00	15.26	0.00	0.00	CO-253 2.42	
										CO-45 9.74	14.95
										CO-253 0.31	
1306898036	0224	022425	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			244.00	136.10	0.00	0.00	110.63	133.37
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	133.37
STATUS CODE 1: Processed as Primary											

NAME CHURCHILL, EDWARD			HIC 94787154500	ACNT 4972LMD642				ICN 435437899000	ASG Y	MOA	
1306898036	0225	022525	1 G0439			361.00	121.85	0.00	0.00	CO-45 239.15	119.41
										CO-253 2.44	
1306898036	0225	022525	1 99397 52			341.00	61.95	0.00	0.00	CO-45 279.05	61.95
1306898036	0225	022525	1 99497 33			132.00	0.00	0.00	0.00	CO-97 132.00	0.00
			REM: N19								
1306898036	0225	022525	1 G2211			25.00	0.00	0.00	0.00	CO-97 25.00	0.00
			REM: N122								
1306898036	0225	022525	1 G0442 XU			30.00	16.22	0.00	0.00	CO-45 13.78	15.90
										CO-253 0.32	
1306898036	0225	022525	1 G0444 33			29.45	16.22	0.00	0.00	CO-45 13.23	15.90
										CO-253 0.32	
1306898036	0225	022525	1 3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0225	022525	1 3079F			0.00	0.00	0.00	0.00		0.00
1306898036	0225	022525	1 G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0225	022525	1 G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			918.45	216.24	0.00	0.00	705.29	213.16
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	213.16
STATUS CODE 1: Processed as Primary											

NAME CHURCHILL, EDWARD			HIC 94787154500	ACNT 4981LMD642				ICN 435489914700	ASG Y	MOA	
1306898036	0225	022525	1 82043 QW			14.70	5.78	0.00	0.00	CO-45 8.92	0.00
										PR-3 5.78	
1306898036	0225	022525	1 82570 QW			17.85	5.18	0.00	0.00	CO-45 12.67	0.94
										CO-253 0.02	
										PR-3 4.22	
1306898036	0225	022525	1 3061F			0.00	0.00	0.00	0.00		0.00
PT RESP	10.00		CLAIM TOTALS			32.55	10.96	0.00	0.00	31.61	0.94
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	0.94
STATUS CODE 1: Processed as Primary											



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25061B1000274668

TIMOTHY J TOBOLIC MD PLLC [900068405]
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REMITTANCE
ADVICE
DATE: 2025-03-06

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CRIPS, GREGORY			HIC 80012157100	ACNT 4958LMD642		ICN 435437910800	ASG Y	MOA			
1306898036	0224	022425	1 G0439			361.00	121.85	0.00	0.00	CO-45	239.15
										CO-253	2.44
1306898036	0224	022425	1 99397	52		341.00	61.95	0.00	0.00	CO-45	279.05
1306898036	0224	022425	1 99497	33		132.00	0.00	0.00	0.00	CO-97	132.00
					REM: N19						
1306898036	0224	022425	1 G2211			25.00	0.00	0.00	0.00	CO-97	25.00
					REM: N122						
1306898036	0224	022425	1 G0442	XU		30.00	16.22	0.00	0.00	CO-45	13.78
										CO-253	0.32
1306898036	0224	022425	1 G0444	33		29.45	16.22	0.00	0.00	CO-45	13.23
										CO-253	0.32
1306898036	0224	022425	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1 G9621			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1 G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1 1036F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			918.45	216.24	0.00	0.00		705.29
ADJ TO TOTAL: PREV PD			INTEREST			0.00					213.16
STATUS CODE 1: Processed as Primary										0.00	NET

NAME HUNTER, DANIEL			HIC 94834692000	ACNT 4516LMD642		ICN 434481078600	ASG Y	MOA			
1306898036	0131	013125	-1 G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0131	013125	-1 99497	33		-132.00	0.00	0.00	0.00	CO-97	-132.00
					REM: N19						
1306898036	0131	013125	-1 99397			-341.00	0.00	0.00	0.00	CO-97	-341.00
					REM: N19						
1306898036	0131	013125	-1 G2211			-25.00	0.00	0.00	0.00	CO-97	-25.00
					REM: N122						
1306898036	0131	013125	-1 G0442	XU		-43.00	-16.22	0.00	0.00	CO-45	-26.78
										CO-253	-0.32
1306898036	0131	013125	-1 G0444	33		-91.00	-16.22	0.00	0.00	CO-45	-74.78
										CO-253	-0.32
1306898036	0131	013125	-1 36415			-20.00	-9.09	0.00	0.00	CO-45	-10.91
										CO-253	-0.18
1306898036	0131	013125	-1 G0439	52		-361.00	-60.93	0.00	0.00	CO-45	-300.07
										CO-253	-1.22
1306898036	0131	013125	-1 3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0131	013125	-1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0131	013125	-1 G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			-1013.00	-102.46	0.00	0.00		-912.58
ADJ TO TOTAL: PREV PD			INTEREST			0.00					-100.42
STATUS CODE 22: Reversal of Previous Payment										0.00	NET

NAME HUNTER, DANIEL			HIC 94834692000	ACNT 4516LMD642		ICN 435102742000	ASG Y	MOA			
1306898036	0131	013125	1 G0439			361.00	121.85	0.00	0.00	CO-45	239.15
										CO-253	2.44
1306898036	0131	013125	1 99497	33		132.00	0.00	0.00	0.00	CO-97	132.00
					REM: N19						
1306898036	0131	013125	1 99214	25		241.68	120.84	0.00	0.00	CO-45	120.84
										CO-253	2.42
1306898036	0131	013125	1 99397	52		341.00	61.95	0.00	0.00	CO-45	279.05
1306898036	0131	013125	1 G2211			25.00	15.26	0.00	0.00	CO-45	9.74
										CO-253	0.31
1306898036	0131	013125	1 G0442	XU		43.00	16.22	0.00	0.00	CO-45	26.78
										CO-253	0.32
1306898036	0131	013125	1 G0444	33		91.00	16.22	0.00	0.00	CO-45	74.78
										CO-253	0.32
1306898036	0131	013125	1 36415			20.00	9.09	0.00	0.00	CO-45	10.91
										CO-253	0.18
1306898036	0131	013125	1 3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0131	013125	1 G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0131	013125	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0131	013125	1 G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			1254.68	361.43	0.00	0.00		899.24
ADJ TO TOTAL: PREV PD			INTEREST			0.00					355.44
STATUS CODE 1: Processed as Primary										0.00	NET



PRIORITY HEALTH

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TIMOTHY J TOBOLIC MD PLLC [900068405]
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REMITTANCE
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DATE: 2025-03-06

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME NGUYEN, PHONG			HIC	8003835300	ACNT	5011LMD642			ICN	435530833800	ASG Y	MOA
1306898036	0226	022625	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15
											CO-253	2.44
1306898036	0226	022625	1	99397	52		341.00	61.95	0.00	0.00	CO-45	279.05
1306898036	0226	022625	1	99497	33		132.00	0.00	0.00	0.00	CO-97	132.00
					REM: N19							
1306898036	0226	022625	1	G2211			25.00	0.00	0.00	0.00	CO-97	25.00
					REM: N122							
1306898036	0226	022625	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91
											CO-253	0.18
1306898036	0226	022625	1	G0442	XU		30.00	16.22	0.00	0.00	CO-45	13.78
											CO-253	0.32
1306898036	0226	022625	1	G0444	XU		29.45	16.22	0.00	0.00	CO-45	13.23
											CO-253	0.32
1306898036	0226	022625	1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92
											CO-253	0.12
1306898036	0226	022625	1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67
											CO-253	0.10
1306898036	0226	022625	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1	G8427			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1	3060F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1	G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1	G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM	TOTALS		971.00	236.29	0.00	0.00		738.19
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												232.81
NAME SCHOLMA, KENNETH			HIC	80020272600	ACNT	4095LMD642			ICN	434190874500	ASG Y	MOA
1306898036	0109	010925	-1	90471			-41.00	-18.84	0.00	0.00	CO-45	-22.16
											CO-253	-0.38
1306898036	0109	010925	-1	90662			-90.00	0.00	0.00	0.00	CO-4	-90.00
PT RESP	0.00			CLAIM	TOTALS		-131.00	-18.84	0.00	0.00		-112.54
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 22: Reversal of Previous Payment												-18.46
NAME SCHOLMA, KENNETH			HIC	80020272600	ACNT	4095LMD642			ICN	435000834200	ASG Y	MOA
1306898036	0109	010925	1	G0008			0.00	0.00	0.00	0.00		0.00
1306898036	0109	010925	1	90662			90.00	83.49	0.00	0.00	CO-45	6.51
											CO-253	1.67
PT RESP	0.00			CLAIM	TOTALS		90.00	83.49	0.00	0.00		8.18
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												81.82
NAME SCHRAM, DOUGLAS			HIC	80030469900	ACNT	4610LMD642			ICN	434532203700	ASG Y	MOA
1306898036	0204	020425	-1	98966			-25.18	0.00	0.00	0.00	CO-96	-25.18
					REM: N59							
PT RESP	0.00			CLAIM	TOTALS		-25.18	0.00	0.00	0.00		-25.18
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 22: Reversal of Previous Payment												0.00
NAME SCHRAM, DOUGLAS			HIC	80030469900	ACNT	4610LMD642			ICN	434906057700	ASG Y	MOA
1306898036	0204	020425	1	98966			25.18	0.00	0.00	0.00	CO-97	25.18
					REM: N19							
PT RESP	0.00			CLAIM	TOTALS		25.18	0.00	0.00	0.00		25.18
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												0.00
NAME SCHRAM, DOUGLAS			HIC	80030469900	ACNT	4975LMD642			ICN	435437903600	ASG Y	MOA
1306898036	0225	022525	1	98966			25.18	0.00	0.00	0.00	CO-96	25.18
					REM: N59							
PT RESP	0.00			CLAIM	TOTALS		25.18	0.00	0.00	0.00		25.18
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												0.00



PRIORITY HEALTH

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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SPENCER, CRAIG			HIC	80018757500	ACNT	5012LMD642			ICN	435530834100	ASG Y	MOA
1306898036	0226	022625	1	99396			327.00	0.00	0.00	0.00	CO-16	327.00 0.00
REM: N769												
1306898036	0226	022625	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91 8.91
CO-253 0.18												
1306898036	0226	022625	1	G0442	XU		30.00	16.22	0.00	0.00	CO-45	13.78 15.90
CO-253 0.32												
1306898036	0226	022625	1	G0444	33		29.45	16.22	0.00	0.00	CO-45	13.23 15.90
CO-253 0.32												
1306898036	0226	022625	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1	G8427			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1	G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1	G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS			406.45	41.53	0.00	0.00		365.74 40.71
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 40.71
STATUS CODE 1: Processed as Primary												

NAME SYTSMA, GREG			HIC	80016587000	ACNT	4437LMD642			ICN	434676756700	ASG Y	MOA
1306898036	0128	012825	1	G0439			361.00	0.00	0.00	0.00	CO-97	361.00 0.00
REM: N19												
1306898036	0128	012825	1	G2211			25.00	0.00	0.00	0.00	CO-97	25.00 0.00
REM: N122												
1306898036	0128	012825	1	97802	33		69.42	0.00	0.00	0.00	CO-97	69.42 0.00
REM: N19												
1306898036	0128	012825	1	99497	33		132.00	0.00	0.00	0.00	CO-97	132.00 0.00
REM: N19												
1306898036	0128	012825	1	G0442	XU		43.00	0.00	0.00	0.00	OA-18	43.00 0.00
1306898036	0128	012825	1	G0444	XU		91.00	0.00	0.00	0.00	OA-18	91.00 0.00
1306898036	0128	012825	1	36415			20.00	0.00	0.00	0.00	OA-18	20.00 0.00
1306898036	0128	012825	1	3079F			0.00	0.00	0.00	0.00		0.00
1306898036	0128	012825	1	G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0128	012825	1	3079F			0.00	0.00	0.00	0.00		0.00
1306898036	0128	012825	1	G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0128	012825	1	G8427			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS			741.42	0.00	0.00	0.00		741.42 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 VANBUSKIRK, DEBRA			HIC	80036247500	ACNT	5010LMD642			ICN	435530833600	ASG Y	MOA
INSURED NAME: VAN BUSKIRK, DEBRA												
1306898036	0226	022625	1	99214			219.00	120.84	0.00	0.00	CO-45	98.16 118.42
CO-253 2.42												
1306898036	0226	022625	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74 14.95
CO-253 0.31												
1306898036	0226	022625	1	G8420			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1	G8427			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS			244.00	136.10	0.00	0.00		110.63 133.37
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 133.37
STATUS CODE 1: Processed as Primary												

NAME WARD, KIMBERLY			HIC	80036336600	ACNT	4926LMD642			ICN	435291595700	ASG Y	MOA
1306898036	0221	022125	1	99213	25		146.00	85.63	0.00	0.00	CO-45	60.37 83.92
CO-253 1.71												
1306898036	0221	022125	1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92 5.66
CO-253 0.12												
1306898036	0221	022125	1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67 5.08
CO-253 0.10												
1306898036	0221	022125	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0221	022125	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0221	022125	1	3061F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS			178.55	96.59	0.00	0.00		83.89 94.66
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 94.66
STATUS CODE 1: Processed as Primary												



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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ZOMERLEI, CARL			HIC	94789421300	ACNT	1762LMD642	ICN 434190864100		ASG Y	MOA		
1306898036	0819	081924	1	G0439			361.00	0.00	0.00	0.00	CO-97	361.00 0.00
REM: N19												
1306898036	0819	081924	1	99213	25		176.20	0.00	0.00	0.00	OA-18	176.20 0.00
1306898036	0819	081924	1	99497	33		132.00	0.00	0.00	0.00	CO-4	132.00 0.00
1306898036	0819	081924	1	G2211			25.00	0.00	0.00	0.00	OA-18	25.00 0.00
1306898036	0819	081924	1	83036	QW		60.00	0.00	0.00	0.00	OA-18	60.00 0.00
1306898036	0819	081924	1	G0444	XU		91.00	0.00	0.00	0.00	OA-18	91.00 0.00
1306898036	0819	081924	1	G0442	XU		43.00	0.00	0.00	0.00	OA-18	43.00 0.00
1306898036	0819	081924	1	G8510			0.00	0.00	0.00	0.00		0.00 0.00
1306898036	0819	081924	1	11055	XU		158.00	0.00	0.00	0.00	CO-96	158.00 0.00
REM: N115												
1306898036	0819	081924	1	G9622			0.00	0.00	0.00	0.00		0.00 0.00
1306898036	0819	081924	1	G8476			0.00	0.00	0.00	0.00		0.00 0.00
1306898036	0819	081924	1	G8417			0.00	0.00	0.00	0.00		0.00 0.00
1306898036	0819	081924	1	3074F			0.00	0.00	0.00	0.00		0.00 0.00
1306898036	0819	081924	1	3078F			0.00	0.00	0.00	0.00		0.00 0.00
1306898036	0819	081924	1	3052F			0.00	0.00	0.00	0.00		0.00 0.00
PT RESP	0.00			CLAIM TOTALS			1046.20	0.00	0.00	0.00		1046.20 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 BAAR, EUGENE			HIC	80029306600	ACNT	4988LMD642	ICN 435489915100		ASG Y	MOA		
1013940584	0225	022525	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15 119.41
CO-253 2.44												
1013940584	0225	022525	1	99397	52		341.00	61.95	0.00	0.00	CO-45	279.05 61.95
1013940584	0225	022525	1	99214	25		241.68	120.84	0.00	0.00	CO-45	120.84 118.42
CO-253 2.42												
1013940584	0225	022525	1	G0444	33		91.00	16.22	0.00	0.00	CO-45	74.78 15.90
CO-253 0.32												
1013940584	0225	022525	1	G0442	XU		43.00	16.22	0.00	0.00	CO-45	26.78 15.90
CO-253 0.32												
1013940584	0225	022525	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74 14.95
CO-253 0.31												
1013940584	0225	022525	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91 8.91
CO-253 0.18												
1013940584	0225	022525	1	3075F			0.00	0.00	0.00	0.00		0.00 0.00
1013940584	0225	022525	1	3079F			0.00	0.00	0.00	0.00		0.00 0.00
1013940584	0225	022525	1	1158F			0.00	0.00	0.00	0.00		0.00 0.00
1013940584	0225	022525	1	G8510			0.00	0.00	0.00	0.00		0.00 0.00
1013940584	0225	022525	1	G9622			0.00	0.00	0.00	0.00		0.00 0.00
PT RESP	0.00			CLAIM TOTALS			1122.68	361.43	0.00	0.00		767.24 355.44
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 355.44
STATUS CODE 1: Processed as Primary												

NAME BAAR, EUGENE			HIC	80029306600	ACNT	4990LMD642	ICN 435489915600		ASG Y	MOA		
1013940584	0225	022525	1	99499			0.01	0.00	0.00	0.00	CO-96	0.01 0.00
REM: N59												
PT RESP	0.00			CLAIM TOTALS			0.01	0.00	0.00	0.00		0.01 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 BOS, WILLIAM			HIC	80021675400	ACNT	4992LMD642	ICN 435489915800		ASG Y	MOA		
1013940584	0226	022625	1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16 118.42
CO-253 2.42												
1013940584	0226	022625	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74 14.95
CO-253 0.31												
1013940584	0226	022625	1	3078F			0.00	0.00	0.00	0.00		0.00 0.00
1013940584	0226	022625	1	1036F			0.00	0.00	0.00	0.00		0.00 0.00
1013940584	0226	022625	1	3008F			0.00	0.00	0.00	0.00		0.00 0.00
1013940584	0226	022625	1	2001F			0.00	0.00	0.00	0.00		0.00 0.00
1013940584	0226	022625	1	2000F			0.00	0.00	0.00	0.00		0.00 0.00
1013940584	0226	022625	1	1000F			0.00	0.00	0.00	0.00		0.00 0.00
1013940584	0226	022625	1	1159F			0.00	0.00	0.00	0.00		0.00 0.00
1013940584	0226	022625	1	1160F			0.00	0.00	0.00	0.00		0.00 0.00
PT RESP	0.00			CLAIM TOTALS			244.00	136.10	0.00	0.00		110.63 133.37
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 133.37
STATUS CODE 1: Processed as Primary												



PRIORITY HEALTH

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REMITTANCE
ADVICE
DATE: 2025-03-06

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CHRISTIAN, STEVEN			HIC 80019868300		ACNT	5003LMD642			ICN 435530832600		ASG Y	MOA
INSURED NAME: CHRISTIAN SR, STEVEN												
1013940584	0226	022625	1	99215	25		295.00	0.00	0.00	0.00	CO-16	295.00 0.00
						REM: N769						
1013940584	0226	022625	1	G2211			25.00	0.00	0.00	0.00	CO-16	25.00 0.00
						REM: N769						
1013940584	0226	022625	1	36415			20.00	0.00	0.00	0.00	CO-16	20.00 0.00
						REM: M76						
1013940584	0226	022625	1	93000			71.00	0.00	0.00	0.00	CO-16	71.00 0.00
						REM: M76						
1013940584	0226	022625	1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92 0.00
											PR-3	5.78
1013940584	0226	022625	1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67 0.94
											CO-253	0.02
											PR-3	4.22
1013940584	0226	022625	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	3061F			0.00	0.00	0.00	0.00		0.00
PT RESP	10.00				CLAIM TOTALS		443.55	10.96	0.00	0.00		442.61 0.94
ADJ TO TOTAL: PREV PD						INTEREST	0.00					
STATUS CODE 1: Processed as Primary											LATE FILING CHARGE	0.00
											NET	0.94

NAME CHRISTIAN, STEVEN			HIC 80019868300		ACNT	5023LMD642			ICN 435530832800		ASG Y	MOA
INSURED NAME: CHRISTIAN SR, STEVEN												
1013940584	0226	022625	1	99499			0.01	0.00	0.00	0.00	CO-16	0.01 0.00
						REM: M51						
PT RESP	0.00				CLAIM TOTALS		0.01	0.00	0.00	0.00		0.01 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00					
STATUS CODE 1: Processed as Primary											LATE FILING CHARGE	0.00
											NET	0.00

NAME DEJONG, MARK			HIC 80034751200		ACNT	3548LMD642			ICN 426104270000		ASG Y	MOA
1013940584	1212	121224	-1	99214	25		-219.00	0.00	0.00	0.00	CO-16	-219.00 0.00
						REM: N769						
1013940584	1212	121224	-1	G2211			-25.00	0.00	0.00	0.00	CO-16	-25.00 0.00
						REM: N769						
1013940584	1212	121224	-1	83036	QW		-60.90	-9.71	0.00	0.00	CO-45	-51.19 0.00
											PR-3	-9.71
1013940584	1212	121224	-1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	1212	121224	-1	3079F			0.00	0.00	0.00	0.00		0.00
1013940584	1212	121224	-1	3051F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-304.90	-9.71	0.00	0.00		-304.90 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00					
STATUS CODE 22: Reversal of Previous Payment											LATE FILING CHARGE	0.00
											NET	0.00

NAME DEJONG, MARK			HIC 80034751200		ACNT	3548LMD642			ICN 434190868400		ASG Y	MOA
1013940584	1212	121224	1	99214	25		219.00	0.00	0.00	0.00	CO-16	219.00 0.00
						REM: N769						
1013940584	1212	121224	1	G2211			25.00	0.00	0.00	0.00	CO-16	25.00 0.00
						REM: N769						
1013940584	1212	121224	1	83036	QW		60.90	9.71	0.00	0.00	CO-45	51.19 0.00
											PR-3	9.71
1013940584	1212	121224	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	1212	121224	1	3079F			0.00	0.00	0.00	0.00		0.00
1013940584	1212	121224	1	3051F			0.00	0.00	0.00	0.00		0.00
PT RESP	9.71				CLAIM TOTALS		304.90	9.71	0.00	0.00		304.90 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00					
STATUS CODE 1: Processed as Primary											LATE FILING CHARGE	0.00
											NET	0.00



PRIORITY HEALTH

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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DEJONG, MARK			HIC	80034751200	ACNT	4935LMD642	ICN 435291597800		ASG Y	MOA		
1013940584	0221	022125	1	99214	25		219.00	120.84	0.00	0.00	CO-45	118.42
1013940584 0221 022125 1 G2211 25.00 15.26 0.00 0.00 CO-253 2.42												
1013940584 0221 022125 1 82043 QW 14.70 5.78 0.00 0.00 CO-45 9.74 14.95												
1013940584 0221 022125 1 82570 QW 17.85 5.18 0.00 0.00 CO-253 0.31												
1013940584 0221 022125 1 83036 QW 60.90 9.71 0.00 0.00 CO-45 8.92 0.00												
1013940584 0221 022125 1 3075F 0.00 0.00 0.00 0.00 PR-3 5.78												
1013940584 0221 022125 1 3078F 0.00 0.00 0.00 0.00 CO-45 12.67 0.94												
1013940584 0221 022125 1 3061F 0.00 0.00 0.00 0.00 CO-253 0.02												
1013940584 0221 022125 1 3046F 0.00 0.00 0.00 0.00 PR-3 4.22												
PT RESP 10.00 CLAIM TOTALS 337.45 156.77 0.00 0.00 CO-45 51.19 9.52												
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 CO-253 0.19												
STATUS CODE 1: Processed as Primary NET 143.83												

NAME DEWEERD, NANCY			HIC	80031282700	ACNT	4929LMD642	ICN 435291596900		ASG Y	MOA		
1013940584	0221	022125	1	99214	25		219.00	120.84	0.00	0.00	CO-45	118.42
1013940584 0221 022125 1 G2211 25.00 15.26 0.00 0.00 CO-253 2.42												
1013940584 0221 022125 1 81001 43.05 3.17 0.00 0.00 CO-45 9.74 14.95												
1013940584 0221 022125 1 3078F 0.00 0.00 0.00 0.00 CO-253 0.31												
1013940584 0221 022125 1 3074F 0.00 0.00 0.00 0.00 CO-45 39.88 0.00												
PT RESP 3.17 CLAIM TOTALS 287.05 139.27 0.00 0.00 PR-3 3.17												
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00												
STATUS CODE 1: Processed as Primary NET 133.37												

NAME DEWEERD, NANCY			HIC	80031282700	ACNT	4945LMD642	ICN 435437896000		ASG Y	MOA		
1013940584	0224	022425	1	G0439			361.00	121.85	0.00	0.00	CO-45	119.41
1013940584 0224 022425 1 99397 52 341.00 61.95 0.00 0.00 CO-253 2.44												
1013940584 0224 022425 1 99214 25 241.68 120.84 0.00 0.00 CO-45 279.05 61.95												
1013940584 0224 022425 1 G2211 25.00 15.26 0.00 0.00 CO-45 120.84 118.42												
1013940584 0224 022425 1 36415 20.00 9.09 0.00 0.00 CO-253 2.42												
1013940584 0224 022425 1 G0444 33 29.45 16.22 0.00 0.00 CO-45 9.74 14.95												
1013940584 0224 022425 1 G0442 XU 30.00 16.22 0.00 0.00 CO-253 0.31												
1013940584 0224 022425 1 3075F 0.00 0.00 0.00 0.00 CO-45 10.91 8.91												
1013940584 0224 022425 1 3078F 0.00 0.00 0.00 0.00 CO-253 0.18												
1013940584 0224 022425 1 G9622 0.00 0.00 0.00 0.00 CO-45 13.23 15.90												
1013940584 0224 022425 1 G8510 0.00 0.00 0.00 0.00 CO-253 0.32												
PT RESP 0.00 CLAIM TOTALS 1048.13 361.43 0.00 0.00 CO-45 13.78 15.90												
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 CO-253 0.32												
STATUS CODE 1: Processed as Primary NET 355.44												

NAME DULEY, MARILYN			HIC	94798044500	ACNT	4962LMD642	ICN 435437912100		ASG Y	MOA		
1013940584	0224	022425	1	99213	25		146.00	85.63	0.00	0.00	CO-45	83.92
1013940584 0224 022425 1 G2211 25.00 15.26 0.00 0.00 CO-253 1.71												
1013940584 0224 022425 1 82043 QW 14.70 5.78 0.00 0.00 CO-45 9.74 14.95												
1013940584 0224 022425 1 82570 QW 17.85 5.18 0.00 0.00 CO-253 0.31												
1013940584 0224 022425 1 3075F 0.00 0.00 0.00 0.00 CO-45 8.92 5.66												
1013940584 0224 022425 1 3078F 0.00 0.00 0.00 0.00 CO-253 0.12												
1013940584 0224 022425 1 1036F 0.00 0.00 0.00 0.00 CO-45 12.67 5.08												
1013940584 0224 022425 1 3061F 0.00 0.00 0.00 0.00 CO-253 0.10												
PT RESP 0.00 CLAIM TOTALS 203.55 111.85 0.00 0.00												
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00												
STATUS CODE 1: Processed as Primary NET 109.61												



PRIORITY HEALTH

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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME FRANKFURTH, RANDALL				HIC	80018826100	ACNT	4305LMD642			ICN	435291592300	ASG Y	MOA	
1013940584	1112	111224		1	99213	25		175.02	0.00	0.00	0.00	CO-16	175.02	0.00
							REM: N152							
1013940584	1112	111224		1	82043	QW		14.70	0.00	0.00	0.00	CO-16	14.70	0.00
							REM: N152							
1013940584	1112	111224		1	82570	QW		17.85	0.00	0.00	0.00	CO-16	17.85	0.00
							REM: N152							
1013940584	1112	111224		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1112	111224		1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	1112	111224		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1112	111224		1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP				0.00	CLAIM TOTALS			207.57	0.00	0.00	0.00		207.57	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 GALLUP, DOUGLAS				HIC	80038973300	ACNT	5034LMD642			ICN	435562161400	ASG Y	MOA	
1013940584	0225	022525		1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16	118.42
							G2211	25.00	15.26	0.00	0.00	CO-253	2.42	
											CO-45	9.74	14.95	
											CO-253	0.31		
1013940584	0225	022525		1	71046			68.20	30.57	30.57	0.00	CO-45	37.63	0.00
1013940584	0225	022525		1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525		1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP				30.57	CLAIM TOTALS			312.20	166.67	30.57	0.00		148.26	133.37
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	133.37
STATUS CODE 1: Processed as Primary														

NAME HOBSON, LUCKY				HIC	80020493100	ACNT	4944LMD642			ICN	435437894300	ASG Y	MOA	
1013940584	0219	021925		1	83036	QW		60.90	9.71	0.00	0.00	CO-45	51.19	9.52
											CO-253	0.19		
1013940584	0219	021925		1	3051F			0.00	0.00	0.00	0.00			0.00
PT RESP				0.00	CLAIM TOTALS			60.90	9.71	0.00	0.00		51.38	9.52
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	9.52
STATUS CODE 1: Processed as Primary														

NAME HUYSER, MELVIN				HIC	94832701900	ACNT	4966LMD642			ICN	435437914300	ASG Y	MOA	
1013940584	0224	022425		1	99213	25		146.00	85.63	0.00	0.00	CO-45	60.37	83.92
											CO-253	1.71		
1013940584	0224	022425		2	69209			58.00	0.00	0.00	0.00	CO-96	58.00	0.00
							REM: N640							
1013940584	0224	022425		1	0513F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425		1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425		1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425		1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP				0.00	CLAIM TOTALS			204.00	85.63	0.00	0.00		120.08	83.92
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	83.92
STATUS CODE 1: Processed as Primary														



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REMITTANCE
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DATE: 2025-03-06

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME INGHAM, JANICE			HIC	80016781500	ACNT	2848LMD642		ICN	427338287600	ASG Y	MOA
1013940584	1029	102924	-1	G0439		-361.00	0.00	0.00	0.00	CO-97	-361.00 0.00
REM: N19											
1013940584	1029	102924	-1	99214	25	-219.00	-123.66	0.00	0.00	CO-45	-95.34 -116.29
CO-253 -2.37											
PR-3 -5.00											
1013940584	1029	102924	-1	36415		-15.00	-8.83	0.00	0.00	CO-45	-6.17 -8.65
CO-253 -0.18											
1013940584	1029	102924	-1	17000	59	-122.10	-64.19	0.00	0.00	CO-45	-57.91 -62.91
CO-253 -1.28											
1013940584	1029	102924	-1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	1029	102924	-1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	1029	102924	-1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	1029	102924	-1	G8431		0.00	0.00	0.00	0.00		0.00
1013940584	1029	102924	-1	1036F		0.00	0.00	0.00	0.00		0.00
1013940584	1029	102924	-1	G0444	XU	-29.45	-17.91	0.00	0.00	CO-45	-11.54 -17.55
CO-253 -0.36											
1013940584	1029	102924	-1	G0442	XU	-30.00	-17.91	0.00	0.00	CO-45	-12.09 -17.55
CO-253 -0.36											
1013940584	1029	102924	-1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	1029	102924	-1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	1029	102924	-1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	1029	102924	-1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	1029	102924	-1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	1029	102924	-1	1159F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		-776.55	-232.50	0.00	0.00		-553.60 -222.95
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET -222.95
STATUS CODE 22: Reversal of Previous Payment											

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME INGHAM, JANICE			HIC	80016781500	ACNT	2848LMD642		ICN	435291591200	ASG Y	MOA
1013940584	1029	102924	1	G0439		361.00	0.00	0.00	0.00	CO-97	361.00 0.00
REM: N19											
1013940584	1029	102924	1	99214	25	219.00	123.66	0.00	0.00	CO-45	95.34 116.29
CO-253 2.37											
PR-3 5.00											
1013940584	1029	102924	1	36415		15.00	8.83	0.00	0.00	CO-45	6.17 8.65
CO-253 0.18											
1013940584	1029	102924	1	17000	XU	122.10	64.19	0.00	0.00	CO-45	57.91 62.91
CO-253 1.28											
1013940584	1029	102924	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	1029	102924	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	1029	102924	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	1029	102924	1	G8431		0.00	0.00	0.00	0.00		0.00
1013940584	1029	102924	1	1036F		0.00	0.00	0.00	0.00		0.00
1013940584	1029	102924	1	G0444	XU	29.45	17.91	0.00	0.00	CO-45	11.54 17.55
CO-253 0.36											
1013940584	1029	102924	1	G0442	XU	30.00	17.91	0.00	0.00	CO-45	12.09 17.55
CO-253 0.36											
1013940584	1029	102924	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	1029	102924	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	1029	102924	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	1029	102924	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	1029	102924	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	1029	102924	1	1159F		0.00	0.00	0.00	0.00		0.00
PT RESP	5.00			CLAIM TOTALS		776.55	232.50	0.00	0.00		553.60 222.95
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 222.95
STATUS CODE 1: Processed as Primary											



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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME JOHNSON, DORR			HIC	94783432600	ACNT	5019LMD642	ICN 435530835200		ASG Y	MOA		
1013940584	0226	022625	1	99214	25		219.00	120.84	0.00	0.00	CO-45	118.42
											98.16	
1013940584	0226	022625	1	81003			33.60	2.25	0.00	0.00	CO-253	0.00
											2.42	
1013940584	0226	022625	1	36415			20.00	0.00	0.00	0.00	CO-45	0.00
											31.35	
											2.25	
											20.00	
REM: M76												
1013940584	0226	022625	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	2.25						272.60	123.09	0.00	0.00		118.42
ADJ TO TOTAL: PREV PD							0.00				154.18	118.42
STATUS CODE 1: Processed as Primary											NET	

NAME JONES, DIANE			HIC	94837264900	ACNT	4947LMD642	ICN 435437901300		ASG Y	MOA		
1013940584	0224	022425	1	99214	25		219.00	120.84	0.00	0.00	CO-45	118.42
											98.16	
											2.42	
1013940584	0224	022425	1	82043	QW		14.70	5.78	5.78	0.00	CO-45	0.00
1013940584	0224	022425	1	82570	QW		17.85	5.18	5.18	0.00	CO-45	0.00
1013940584	0224	022425	1	36415			20.00	9.09	0.00	0.00	CO-45	8.91
											10.91	
											0.18	
1013940584	0224	022425	1	G2211			25.00	15.26	0.00	0.00	CO-45	14.95
											9.74	
											0.31	
1013940584	0224	022425	1	3061F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	10.96						296.55	156.15	10.96	0.00		142.28
ADJ TO TOTAL: PREV PD							0.00				143.31	142.28
STATUS CODE 1: Processed as Primary											NET	

NAME KLOMPIEN, KRYN			HIC	94769969300	ACNT	4583LMD642	ICN 434481085400		ASG Y	MOA		
1013940584	1114	111424	-1	G0439	52		-361.00	-62.70	0.00	0.00	CO-45	-61.45
											-298.30	
											-1.25	
1013940584	1114	111424	-1	99397			-341.00	0.00	0.00	0.00	CO-97	0.00
											-341.00	
1013940584	1114	111424	-1	G2211			-25.00	0.00	0.00	0.00	CO-97	0.00
											-25.00	
REM: N19												
REM: N122												
1013940584	1114	111424	-1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1114	111424	-1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1114	111424	-1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	1114	111424	-1	1158F			0.00	0.00	0.00	0.00		0.00
1013940584	1114	111424	-1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	1114	111424	-1	G0442	XU		-30.00	-17.91	0.00	0.00	CO-45	-17.55
											-0.36	
1013940584	1114	111424	-1	G0444	33		-29.45	-17.91	0.00	0.00	CO-45	-17.55
											-11.54	
											-0.36	
PT RESP	0.00						-786.45	-98.52	0.00	0.00		-96.55
ADJ TO TOTAL: PREV PD							0.00				-689.90	-96.55
STATUS CODE 22: Reversal of Previous Payment											NET	

NAME KLOMPIEN, KRYN			HIC	94769969300	ACNT	4583LMD642	ICN 435102742400		ASG Y	MOA		
1013940584	1114	111424	1	G0439			361.00	125.39	0.00	0.00	CO-45	122.88
											235.61	
											2.51	
1013940584	1114	111424	1	99397	52		341.00	63.91	0.00	0.00	CO-45	63.91
1013940584	1114	111424	1	99214	25		247.32	123.66	0.00	0.00	CO-45	121.19
											123.66	
											2.47	
1013940584	1114	111424	1	G2211			25.00	16.01	0.00	0.00	CO-45	15.69
											8.99	
											0.32	
1013940584	1114	111424	1	G0442	XU		30.00	17.91	0.00	0.00	CO-45	17.55
											12.09	
											0.36	
1013940584	1114	111424	1	G0444	33		29.45	17.91	0.00	0.00	CO-45	17.55
											11.54	
											0.36	
1013940584	1114	111424	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1114	111424	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1114	111424	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	1114	111424	1	1158F			0.00	0.00	0.00	0.00		0.00
1013940584	1114	111424	1	G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00						1033.77	364.79	0.00	0.00		358.77
ADJ TO TOTAL: PREV PD							0.00				675.00	358.77
STATUS CODE 1: Processed as Primary											NET	



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25061B1000274668

TIMOTHY J TOBOLIC MD PLLC [900068405]
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REMITTANCE
ADVICE
DATE: 2025-03-06

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME LENHART, DAVID			HIC	80033931700	ACNT	4941LMD642	ICN 435437890400		ASG Y		MOA		
1013940584	0224	022425	1	99213			146.00	85.63	0.00	0.00	CO-45 CO-253	60.37 1.71	83.92
1013940584	0224	022425	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0224	022425	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00	CLAIM		TOTALS		146.00	85.63	0.00	0.00		62.08	83.92
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	83.92
STATUS CODE 1: Processed as Primary													

NAME MERREN, RONALD			HIC	94822616200	ACNT	4457LMD642	ICN 434234951800		ASG Y		MOA		
1013940584	0129	012925	-1	G0439 52			-361.00	-60.93	0.00	0.00	CO-45 CO-253	-300.07 -1.22	-59.71
1013940584	0129	012925	-1	99397			-341.00	0.00	0.00	0.00	CO-97	-341.00	0.00
			REM: N19										
1013940584	0129	012925	-1	G2211			-25.00	0.00	0.00	0.00	CO-97	-25.00	0.00
			REM: N122										
1013940584	0129	012925	-1	82043 QW			-14.70	-5.78	0.00	0.00	CO-45 PR-3	-8.92 -5.78	0.00
1013940584	0129	012925	-1	82570 QW			-17.85	-5.18	0.00	0.00	CO-45 PR-3	-12.67 -5.18	0.00
1013940584	0129	012925	-1	G0444 33			-29.45	-16.22	0.00	0.00	CO-45 CO-253	-13.23 -0.32	-15.90
1013940584	0129	012925	-1	G0442 XU			-30.00	-16.22	0.00	0.00	CO-45 CO-253	-13.78 -0.32	-15.90
1013940584	0129	012925	-1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0129	012925	-1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0129	012925	-1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0129	012925	-1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0129	012925	-1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0129	012925	-1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00	CLAIM		TOTALS		-819.00	-104.33	0.00	0.00		-727.49	-91.51
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	-91.51
STATUS CODE 22: Reversal of Previous Payment													

NAME MERREN, RONALD			HIC	94822616200	ACNT	4457LMD642	ICN 435171100800		ASG Y		MOA		
1013940584	0129	012925	1	G0439			361.00	121.85	0.00	0.00	CO-45 CO-253	239.15 2.44	119.41
1013940584	0129	012925	1	99214 25			241.68	120.84	0.00	0.00	CO-45 CO-253	120.84 2.42	118.42
1013940584	0129	012925	1	99397 52			341.00	61.95	0.00	0.00	CO-45	279.05	61.95
1013940584	0129	012925	1	G2211			25.00	0.00	0.00	0.00	CO-16	25.00	0.00
			REM: MA63										
1013940584	0129	012925	1	82043 QW			14.70	5.78	0.00	0.00	CO-45 PR-3	8.92 5.78	0.00
1013940584	0129	012925	1	82570 QW			17.85	5.18	0.00	0.00	CO-45 PR-3	12.67 5.18	0.00
1013940584	0129	012925	1	G0444 33			29.45	16.22	0.00	0.00	CO-45 CO-253	13.23 0.32	15.90
1013940584	0129	012925	1	G0442 XU			30.00	16.22	0.00	0.00	CO-45 CO-253	13.78 0.32	15.90
1013940584	0129	012925	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0129	012925	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0129	012925	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0129	012925	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0129	012925	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0129	012925	1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP		10.96	CLAIM		TOTALS		1060.68	348.04	0.00	0.00		729.10	331.58
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	331.58
STATUS CODE 1: Processed as Primary													



PRIORITY HEALTH

NPI #: 1982923660
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TIMOTHY J TOBOLIC MD PLLC [900068405]
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REMITTANCE
ADVANCE
DATE: 2025-03-06

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MYERS, CHERYL			HIC	80033794800	ACNT	2059LMD642			ICN 424715566600	ASG Y	MOA	
1013940584	0906	090624	-1	99215	25		-380.96	0.00	0.00	0.00	CO-16	-380.96 0.00
					REM: M76							
1013940584	0906	090624	-1	G2211			-25.00	0.00	0.00	0.00	CO-16	-25.00 0.00
					REM: M76							
1013940584	0906	090624	-1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0906	090624	-1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0906	090624	-1	90662			-85.00	0.00	0.00	0.00	CO-16	-85.00 0.00
					REM: M76							
1013940584	0906	090624	-1	G0008			-41.00	0.00	0.00	0.00	CO-16	-41.00 0.00
					REM: M76							
1013940584	0906	090624	-1	36415			-8.40	0.00	0.00	0.00	CO-16	-8.40 0.00
					REM: M76							
1013940584	0906	090624	-1	82043			-14.70	-5.78	0.00	0.00	CO-45	-8.92 0.00
											PR-3	-5.78
1013940584	0906	090624	-1	82570			-17.85	-5.18	0.00	0.00	CO-45	-12.67 -0.94
											CO-253	-0.02
											PR-3	-4.22
1013940584	0906	090624	-1	3061F			0.00	0.00	0.00	0.00		0.00
1013940584	0906	090624	-1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0906	090624	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0906	090624	-1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0906	090624	-1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0906	090624	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0906	090624	-1	3008F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-572.91	-10.96	0.00	0.00		-571.97 -0.94
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET -0.94
STATUS CODE 22: Reversal of Previous Payment												

NAME MYERS, CHERYL			HIC	80033794800	ACNT	2059LMD642			ICN 434676755900	ASG Y	MOA	
1013940584	0906	090624	1	99215	25		380.96	0.00	0.00	0.00	CO-16	380.96 0.00
					REM: M76							
1013940584	0906	090624	1	G2211			25.00	0.00	0.00	0.00	CO-16	25.00 0.00
					REM: M76							
1013940584	0906	090624	1	36415			8.40	0.00	0.00	0.00	CO-16	8.40 0.00
					REM: M76							
1013940584	0906	090624	1	G0008			41.00	0.00	0.00	0.00	CO-16	41.00 0.00
					REM: M76							
1013940584	0906	090624	1	90662			85.00	83.49	0.00	0.00	CO-45	1.51 81.82
											CO-253	1.67
1013940584	0906	090624	1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92 0.00
											PR-3	5.78
1013940584	0906	090624	1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67 0.94
											CO-253	0.02
											PR-3	4.22
1013940584	0906	090624	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0906	090624	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0906	090624	1	3061F			0.00	0.00	0.00	0.00		0.00
1013940584	0906	090624	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0906	090624	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0906	090624	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0906	090624	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0906	090624	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0906	090624	1	3008F			0.00	0.00	0.00	0.00		0.00
PT RESP	10.00				CLAIM TOTALS		572.91	94.45	0.00	0.00		490.15 82.76
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 82.76
STATUS CODE 1: Processed as Primary												

NAME RADER, MARGARET			HIC	80036686000	ACNT	4964LMD642			ICN 435437912600	ASG Y	MOA	
1013940584	0224	022425	1	99496	25		446.00	261.36	0.00	0.00	CO-45	184.64 256.13
											CO-253	5.23
1013940584	0224	022425	1	G2211			25.00	0.00	0.00	0.00	CO-97	25.00 0.00
					REM: N122							
1013940584	0224	022425	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	0513F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	G0442	XU		30.00	16.22	0.00	0.00	CO-45	13.78 15.90
											CO-253	0.32
1013940584	0224	022425	1	G0444	33		29.45	16.22	0.00	0.00	CO-45	13.23 15.90
											CO-253	0.32
1013940584	0224	022425	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	3077F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	3079F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		530.45	293.80	0.00	0.00		242.52 287.93
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 287.93
STATUS CODE 1: Processed as Primary												



PRIORITY HEALTH

NPI #: 1982923660
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PAGE #: 13 of 17REMITTANCE
ADVANCE
DATE: 2025-03-06

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME RANBURGER, LARRY				HIC	94770219000	ACNT	5030LMD642	ICN 435562160900		ASG	Y	MOA		
1013940584	0227	022725		1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16	118.42
												CO-253	2.42	
1013940584	0227	022725		1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	0.00
												PR-3	5.78	
1013940584	0227	022725		1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67	0.94
												CO-253	0.02	
												PR-3	4.22	
1013940584	0227	022725		1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-253	0.31	
1013940584	0227	022725		1	3060F			0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	10.00				CLAIM	TOTALS		276.55	147.06	0.00	0.00		142.24	134.31
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	134.31
STATUS CODE 1: Processed as Primary														

NAME ROOKUS, JOYCE				HIC	94979912000	ACNT	4943LMD642	ICN 435437892600		ASG	Y	MOA		
1013940584	0207	020725		1	99213			146.00	85.63	0.00	0.00	CO-45	60.37	83.92
												CO-253	1.71	
1013940584	0207	020725		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0207	020725		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0207	020725		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0207	020725		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0207	020725		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0207	020725		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		146.00	85.63	0.00	0.00		62.08	83.92
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	83.92
STATUS CODE 1: Processed as Primary														

NAME SCHICHTEL, MICHAEL				HIC	80017420100	ACNT	4558LMD642	ICN 434481084300		ASG	Y	MOA		
1013940584	0107	010725		-1	99214			-241.68	0.00	0.00	0.00	CO-16	-241.68	0.00
						REM: N769								
1013940584	0107	010725		-1	G2211			-25.00	0.00	0.00	0.00	CO-16	-25.00	0.00
						REM: N769								
1013940584	0107	010725		-1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0107	010725		-1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0107	010725		-1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0107	010725		-1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0107	010725		-1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0107	010725		-1	2000F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		-266.68	0.00	0.00	0.00		-266.68	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	0.00
STATUS CODE 22: Reversal of Previous Payment														

NAME SCHICHTEL, MICHAEL				HIC	80017420100	ACNT	4558LMD642	ICN 435000835100		ASG	Y	MOA		
1013940584	0107	010725		1	99214			241.68	120.84	0.00	0.00	CO-45	120.84	118.42
												CO-253	2.42	
1013940584	0107	010725		1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-253	0.31	
1013940584	0107	010725		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0107	010725		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0107	010725		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0107	010725		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0107	010725		1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0107	010725		1	2000F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		266.68	136.10	0.00	0.00		133.31	133.37
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	133.37
STATUS CODE 1: Processed as Primary														

NAME SCHICHTEL, MICHAEL				HIC	80017420100	ACNT	4923LMD642	ICN 435291594400		ASG	Y	MOA		
1013940584	0221	022125		1	99496			446.00	261.36	0.00	0.00	CO-45	184.64	256.13
												CO-253	5.23	
1013940584	0221	022125		1	G2211			25.00	0.00	0.00	0.00	CO-97	25.00	0.00
						REM: N122								
1013940584	0221	022125		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0221	022125		1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		471.00	261.36	0.00	0.00		214.87	256.13
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	256.13
STATUS CODE 1: Processed as Primary														



PRIORITY HEALTH

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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	SCHICHTEL, MICHAEL		HIC	80017420100	ACNT	4940LMD642			ICN	435291595000	ASG Y	MOA
1013940584	0221	022125	1	99499			0.01	0.00	0.00	0.00	CO-16	0.01
						REM: M76						0.00

PT RESP	0.00	CLAIM TOTALS	0.01	0.00	0.00	0.00	0.01	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	SPAANK, ALVA		HIC	94761885900	ACNT	4928LMD642			ICN	435291596600	ASG Y	MOA
INSURED NAME:	SPAANK, ALENE											
1013940584	0221	022125	1	99214			219.00	120.84	0.00	0.00	CO-45	98.16
											CO-253	2.42
1013940584	0221	022125	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74
											CO-253	0.31
1013940584	0221	022125	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0221	022125	1	3074F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS	244.00	136.10	0.00	0.00	110.63	133.37				
ADJ TO TOTAL: PREV PD		INTEREST	0.00		LATE FILING CHARGE	0.00	NET	133.37				
STATUS CODE 1: Processed as Primary												

NAME	TERRELL, LARRY		HIC	80017070300	ACNT	5033LMD642			ICN	435562161300	ASG Y	MOA
1013940584	0227	022725	1	99213			146.00	85.63	0.00	0.00	CO-45	60.37
											CO-253	1.71
1013940584	0227	022725	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74
											CO-253	0.31
1013940584	0227	022725	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS	171.00	100.89	0.00	0.00	72.13	98.87				
ADJ TO TOTAL: PREV PD		INTEREST	0.00		LATE FILING CHARGE	0.00	NET	98.87				
STATUS CODE 1: Processed as Primary												

NAME	VANDEBUNTE, MARILYN		HIC	92704281600	ACNT	3056LMD642			ICN	424715569300	ASG Y	MOA
1013940584	1113	111324	-1	99213	25		-146.00	0.00	0.00	0.00	CO-16	-146.00
						REM: MA63						0.00
1013940584	1113	111324	-1	G2211			-25.00	0.00	0.00	0.00	CO-B15	-25.00
1013940584	1113	111324	-1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1113	111324	-1	82043			-14.70	-5.78	0.00	0.00	CO-45	-8.92
											PR-3	-5.78
1013940584	1113	111324	-1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1113	111324	-1	82570			-17.85	-5.18	0.00	0.00	CO-45	-12.67
											CO-253	-0.02
											PR-3	-4.22
1013940584	1113	111324	-1	1158F			0.00	0.00	0.00	0.00		0.00
1013940584	1113	111324	-1	3060F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS	-203.55	-10.96	0.00	0.00	-202.61	-0.94				
ADJ TO TOTAL: PREV PD		INTEREST	0.00		LATE FILING CHARGE	0.00	NET	-0.94				
STATUS CODE 22: Reversal of Previous Payment												

NAME	VANDEBUNTE, MARILYN		HIC	92704281600	ACNT	3056LMD642			ICN	434190865100	ASG Y	MOA
1013940584	1113	111324	1	99213	25		146.00	87.51	0.00	0.00	CO-45	58.49
											CO-253	1.75
1013940584	1113	111324	1	G2211			25.00	16.01	0.00	0.00	CO-45	8.99
											CO-253	0.32
1013940584	1113	111324	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1113	111324	1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92
											PR-3	5.78
1013940584	1113	111324	1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67
											CO-253	0.02
											PR-3	4.22
1013940584	1113	111324	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1113	111324	1	1158F			0.00	0.00	0.00	0.00		0.00
1013940584	1113	111324	1	3060F			0.00	0.00	0.00	0.00		0.00
PT RESP	10.00	CLAIM TOTALS	203.55	114.48	0.00	0.00	101.16	102.39				
ADJ TO TOTAL: PREV PD		INTEREST	0.04		LATE FILING CHARGE	0.00	NET	102.39				
STATUS CODE 1: Processed as Primary												



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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME VANDENBERG, MARIE				HIC	94784923400	ACNT	4979LMD642	ICN 435489913900				ASG Y	MOA	
1013940584	0225	022525		1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16	118.42
												CO-253	2.42	
1013940584	0225	022525		1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1013940584	0225	022525		1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-253	0.31	
1013940584	0225	022525		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			264.00	145.19	0.00	0.00		121.72	142.28
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	142.28
STATUS CODE 1: Processed as Primary														

NAME VANDERARK, GORDON				HIC	94759042300	ACNT	5026LMD642	ICN 435530835400				ASG Y	MOA	
1013940584	0227	022725		1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16	118.42
												CO-253	2.42	
1013940584	0227	022725		1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-253	0.31	
1013940584	0227	022725		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0227	022725		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			244.00	136.10	0.00	0.00		110.63	133.37
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	133.37
STATUS CODE 1: Processed as Primary														

NAME WARSEN, STUART				HIC	80018409900	ACNT	4980LMD642	ICN 435489914200				ASG Y	MOA	
1013940584	0225	022525		1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
												CO-253	2.44	
1013940584	0225	022525		1	99397	52		341.00	61.95	0.00	0.00	CO-45	279.05	61.95
1013940584	0225	022525		1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16	118.42
												CO-253	2.42	
1013940584	0225	022525		1	99497	33		155.32	0.00	0.00	0.00	CO-97	155.32	0.00
					REM: N19									
1013940584	0225	022525		1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	0.76
												CO-253	0.02	
												PR-3	5.00	
1013940584	0225	022525		1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67	5.08
												CO-253	0.10	
1013940584	0225	022525		1	99408			61.00	0.00	0.00	0.00	CO-97	61.00	0.00
					REM: N19									
1013940584	0225	022525		1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1013940584	0225	022525		1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-253	0.31	
1013940584	0225	022525		1	G0442	XU		30.00	16.22	0.00	0.00	CO-45	13.78	15.90
												CO-253	0.32	
1013940584	0225	022525		1	G0444	33		29.45	16.22	0.00	0.00	CO-45	13.23	15.90
												CO-253	0.32	
1013940584	0225	022525		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525		1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525		1	G9621			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525		1	1158F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525		1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525		1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP	5.00				CLAIM TOTALS			1274.32	372.39	0.00	0.00		913.04	361.28
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	361.28
STATUS CODE 1: Processed as Primary														



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REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WENSINK, DAVID			HIC 80037467400	ACNT 5000LMD642	ICN 435530832000		ASG Y	MOA			
1013940584	1223	122324	1 99214 25			247.32	123.66	0.00	0.00	CO-45	121.19
										123.66	
1013940584	1223	122324	1 G0296			30.00	26.97	0.00	0.00	CO-253	26.43
										2.47	
										3.03	
										0.54	
1013940584	1223	122324	1 81001			43.05	3.17	0.00	0.00	CO-45	3.11
										39.88	
										0.06	
1013940584	1223	122324	1 3075F			0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			320.37	153.80	0.00	0.00		150.73
ADJ TO TOTAL: PREV PD			INTEREST			0.00				0.00	150.73
STATUS CODE 1: Processed as Primary											

NAME WENSINK, DAVID			HIC 80037467400	ACNT 5001LMD642	ICN 435530832200		ASG Y	MOA			
1013940584	0226	022625	1 99215			295.00	169.85	0.00	0.00	CO-45	166.45
										125.15	
										3.40	
1013940584	0226	022625	1 G2211			25.00	15.26	0.00	0.00	CO-253	14.95
										9.74	
										0.31	
1013940584	0226	022625	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			320.00	185.11	0.00	0.00		181.40
ADJ TO TOTAL: PREV PD			INTEREST			0.00				0.00	181.40
STATUS CODE 1: Processed as Primary											

NAME WESTOVER, STEVEN			HIC 94887651301	ACNT 4997LMD642	ICN 435530831900		ASG Y	MOA			
INSURED NAME: WESTOVER, STEVE											
1013940584	0226	022625	1 99214 25			219.00	120.84	0.00	0.00	CO-45	118.42
										98.16	
										2.42	
1013940584	0226	022625	1 G2211			25.00	15.26	0.00	0.00	CO-45	14.95
										9.74	
										0.31	
1013940584	0226	022625	1 82043 QW			14.70	5.78	5.78	0.00	CO-45	0.00
1013940584	0226	022625	1 82570 QW			17.85	5.18	5.18	0.00	CO-45	0.00
1013940584	0226	022625	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1 3061F			0.00	0.00	0.00	0.00		0.00
PT RESP	10.96		CLAIM TOTALS			276.55	147.06	10.96	0.00		133.37
ADJ TO TOTAL: PREV PD			INTEREST			0.00				0.00	133.37
STATUS CODE 1: Processed as Primary											

NAME YOUNG, DAVID			HIC 80013964300	ACNT 5002LMD642	ICN 435530832500		ASG Y	MOA			
1013940584	0226	022625	1 99213 25			146.00	85.63	0.00	0.00	CO-45	83.92
										60.37	
										1.71	
1013940584	0226	022625	1 10060			262.90	117.77	0.00	0.00	CO-45	115.41
										145.13	
										2.36	
1013940584	0226	022625	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			408.90	203.40	0.00	0.00		199.33
ADJ TO TOTAL: PREV PD			INTEREST			0.00				0.00	199.33
STATUS CODE 1: Processed as Primary											



PRIORITY HEALTH

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EFT #: 25061B1000274668

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 17 of 17

REMITTANCE
ADVICE
DATE: 2025-03-06

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ZINN, JANE			HIC 80029537600	ACNT 4084LMD642		ICN 427056939800	ASG Y	MOA			
1013940584	1002	100224	-1 82043 QW		-14.70	-5.78	0.00	0.00	CO-45	-8.92	-5.66
1013940584	1002	100224	-1 82570 QW		-17.85	-5.18	0.00	0.00	CO-253	-0.12	
									CO-45	-12.67	-5.08
									CO-253	-0.10	
1013940584	1002	100224	-1 83036 QW		-60.90	0.00	0.00	0.00	OA-18	-60.90	0.00
1013940584	1002	100224	-1 3044F		0.00	0.00	0.00	0.00			0.00
1013940584	1002	100224	-1 3060F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		-93.45	-10.96	0.00	0.00		-82.71	-10.74
ADJ TO TOTAL: PREV PD			INTEREST		0.00						
STATUS CODE 22: Reversal of Previous Payment							LATE FILING CHARGE		0.00	NET	-10.74

NAME ZINN, JANE			HIC 80029537600	ACNT 4084LMD642		ICN 434190872000	ASG Y	MOA			
1013940584	1002	100224	1 82043 QW		14.70	0.00	0.00	0.00	CO-16	14.70	0.00
			REM: N152								
1013940584	1002	100224	1 82570 QW		17.85	0.00	0.00	0.00	CO-16	17.85	0.00
			REM: N152								
1013940584	1002	100224	1 83036 QW		60.90	0.00	0.00	0.00	CO-16	60.90	0.00
			REM: N152								
1013940584	1002	100224	1 3044F		0.00	0.00	0.00	0.00			0.00
1013940584	1002	100224	1 3060F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		93.45	0.00	0.00	0.00		93.45	0.00
ADJ TO TOTAL: PREV PD			INTEREST		0.00						
STATUS CODE 1: Processed as Primary							LATE FILING CHARGE		0.00	NET	0.00

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Interest Owed (L6)	3056LMD642		-0.04

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	63	16549.33	6508.38	52.49	0.00	10208.37	6288.51	-0.04	6288.51

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-253	Sequestration - reduction in federal spending
CO-4	The procedure code is inconsistent with the modifier used or a required modifier is missing.
CO-45	Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-96	Non-covered charge(s).
CO-97	Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
CO-B15	Payment adjusted because this service / procedure requires that a qualifying service / procedure be received and covered. The qualifying other service / procedure has not been received / adjudicated.
M51	Missing / incomplete / invalid procedure code(s).
M76	Missing / incomplete / invalid diagnosis or condition.
MA63	Missing / incomplete / invalid principal diagnosis.
N115	This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD).An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at http://www.cms.hhs.gov/mcd , or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.
N122	Add-on code cannot be billed by itself.
N152	Missing / incomplete / invalid replacement claim information.
N19	Procedure code incidental to primary procedure.
N59	Please refer to your provider manual for additional program and provider information.
N640	Exceeds number / frequency approved / allowed within time period.
N769	A lateral diagnosis is required.
OA-18	Duplicate claim / service.
PR-1	Deductible Amount
PR-3	Co-payment Amount



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: 2025-03-13
 NONPAY #: 25061B1000320883
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME GRAY, WENDY			HIC 94730830301	ACNT	4098LMD642			ICN 427154886900	ASG Y MOA	
1013940584	0113	011325	-1 99214		-219.00	0.00	0.00	0.00	CO-16	-219.00 0.00
			REM: MA63							
1013940584	0113	011325	-1 3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0113	011325	-1 73610 RT		-74.80	-59.34	-59.34	0.00	CO-45	-15.46 0.00
PT RESP	0.00		CLAIM TOTALS		-293.80	-59.34	-59.34	0.00		-234.46 0.00
ADJ TO TOTAL: PREV PD					0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 22: Reversal of Previous Payment										

NAME GRAY, WENDY			HIC 94730830301	ACNT	4098LMD642			ICN 434190875200	ASG Y MOA	
1013940584	0113	011325	1 99214 25		219.00	144.12	144.12	0.00	CO-45	74.88 0.00
1013940584	0113	011325	1 3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0113	011325	1 73610 RT		74.80	59.34	59.34	0.00	CO-45	15.46 0.00
PT RESP	203.46		CLAIM TOTALS		293.80	203.46	203.46	0.00		90.34 0.00
ADJ TO TOTAL: PREV PD					0.00		LATE FILING CHARGE		0.00	NET 0.00
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
	2	0.00	144.12	144.12	0.00	-144.12	0.00	0.00	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.
 MA63 Missing / incomplete / invalid principal diagnosis.
 PR-1 Deductible Amount



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: 2025-03-13
 EFT #: 25061B1000328777
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	GOODMAN, TODD		HIC 94866310900	ACNT	4946LMD642			ICN 435437897700	ASG Y	MOA	
1013940584	0224	022425	1	99396		327.00	171.02	0.00	0.00	CO-45	171.02
1013940584	0224	022425	1	G0442 XU		30.00	0.00	0.00	0.00	CO-16	0.00
				REM: M51							
1013940584	0224	022425	1	G0444 33		29.45	0.00	0.00	0.00	CO-16	0.00
				REM: M51							
1013940584	0224	022425	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		386.45	171.02	0.00	0.00		171.02
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	171.02
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	386.45	171.02	0.00	0.00	215.43	171.02	0.00	171.02

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).



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 #: 25061B1000356815
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MCCAMBRIDGE, KIMBERLY			HIC 94884025200	ACNT	4976LMD642	ICN 435437911300			ASG Y	MOA	
1306898036	0225	022525	1	99396		327.00	162.87	0.00	0.00	CO-45	164.13 162.87
1306898036	0225	022525	1	36415		20.00	15.09	0.00	0.00	CO-45	4.91 15.09
1306898036	0225	022525	1	G0442 XU		30.00	0.00	0.00	0.00	CO-16	30.00 0.00
REM: M51											
1306898036	0225	022525	1	G0444 33		29.45	0.00	0.00	0.00	CO-16	29.45 0.00
REM: M51											
1306898036	0225	022525	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0225	022525	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0225	022525	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0225	022525	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		406.45	177.96	0.00	0.00		228.49 177.96
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE		0.00	NET	177.96
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		
	1	406.45	177.96	0.00	0.00	228.49	177.96	0.00	177.96		

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).



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: 2025-03-06
EFT #: 25061B1000422478
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME FLIPPIN, FLOYD			HIC 0039899040	ACNT	5009LMD642				ICN 435530833500	ASG Y MOA	
1306898036	0226	022625	1 99214	25		219.00	82.43	0.00	0.00	CO-45	82.43
1306898036	0226	022625	1 36415			20.00	7.53	0.00	0.00	CO-45	7.53
1306898036	0226	022625	1 3077F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1 3079F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			239.00	89.96	0.00	0.00		89.96
ADJ TO TOTAL: PREV PD				INTEREST		0.00				149.04	
STATUS CODE 1: Processed as Primary							LATE FILING CHARGE			0.00	89.96
NAME GODLEY, LYRIC			HIC 1084002022	ACNT	4939LMD642				ICN 435437888300	ASG Y MOA	
1306898036	0224	022425	1 81025			21.00	7.13	0.00	0.00	CO-45	7.13
PT RESP	0.00		CLAIM TOTALS			21.00	7.13	0.00	0.00		7.13
ADJ TO TOTAL: PREV PD				INTEREST		0.00				13.87	
STATUS CODE 1: Processed as Primary							LATE FILING CHARGE			0.00	7.13
NAME KWIATKOWSKI, KATELYN			HIC 1146658930	ACNT	4954LMD642				ICN 435437906900	ASG Y MOA	
1306898036	0224	022425	1 99395	25		297.00	81.34	0.00	0.00	CO-45	81.34
1306898036	0224	022425	1 G0442	XU		30.00	0.00	0.00	0.00	CO-16	0.00
			REM: M51								
1306898036	0224	022425	1 G0444	33		29.45	0.00	0.00	0.00	CO-16	0.00
			REM: M51								
1306898036	0224	022425	1 90656			35.00	22.35	0.00	0.00	CO-45	22.35
1306898036	0224	022425	1 90471			41.00	16.13	0.00	0.00	CO-45	16.13
1306898036	0224	022425	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1 1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1 G8431			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			432.45	119.82	0.00	0.00		119.82
ADJ TO TOTAL: PREV PD				INTEREST		0.00				312.63	
STATUS CODE 1: Processed as Primary							LATE FILING CHARGE			0.00	119.82
NAME NINK, NOAH			HIC 1175980175	ACNT	5004LMD642				ICN 435530832900	ASG Y MOA	
1306898036	0226	022625	1 99393			270.00	72.79	0.00	0.00	CO-45	72.79
1306898036	0226	022625	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1 G8427			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			270.00	72.79	0.00	0.00		72.79
ADJ TO TOTAL: PREV PD				INTEREST		0.00				197.21	
STATUS CODE 1: Processed as Primary							LATE FILING CHARGE			0.00	72.79
NAME FARMER, HADLEY			HIC 1160084197	ACNT	4806LMD642				ICN 435437884100	ASG Y MOA	
1013940584	1202	120224	1 99394			289.00	102.32	0.00	0.00	CO-45	102.32
PT RESP	0.00		CLAIM TOTALS			289.00	102.32	0.00	0.00		102.32
ADJ TO TOTAL: PREV PD				INTEREST		0.00				186.68	
STATUS CODE 1: Processed as Primary							LATE FILING CHARGE			0.00	102.32
NAME FARMER, QUINTON			HIC 1160079052	ACNT	4784LMD642				ICN 435437880000	ASG Y MOA	
1013940584	1202	120224	1 99394			289.00	102.32	0.00	0.00	CO-45	102.32
1013940584	1202	120224	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1202	120224	1 3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			289.00	102.32	0.00	0.00		102.32
ADJ TO TOTAL: PREV PD				INTEREST		0.00				186.68	
STATUS CODE 1: Processed as Primary							LATE FILING CHARGE			0.00	102.32



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25061B1000422478

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 2 of 2

REMITTANCE
ADVICE
DATE: 2025-03-06

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HALEY, BISHOP			HIC	1085979193	ACNT	4951LMD642	ICN 435437904700		ASG Y	MOA		
1013940584	0224	022425	1	99214	25		219.00	82.01	0.00	0.00	CO-45	82.01
1013940584	0224	022425	1	G0444	33		29.45	0.00	0.00	0.00	CO-16	0.00
REM: M51												
1013940584	0224	022425	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00					CLAIM TOTALS	248.45	82.01	0.00	0.00	166.44	82.01
ADJ TO TOTAL: PREV PD INTEREST							0.00	LATE FILING CHARGE		0.00	NET	82.01
STATUS CODE 1: Processed as Primary												

NAME MORTON, AUSTIN			HIC	0008257561	ACNT	4472LMD642	ICN 434234952400		ASG Y	MOA		
1013940584	0129	012925	-1	99215	25		-295.00	-156.18	0.00	0.00	CO-45	-156.18
1013940584	0129	012925	-1	83036	QW		-60.90	0.00	0.00	0.00	CO-16	0.00
REM: M76												
1013940584	0129	012925	-1	0513F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	3051F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	2000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00					CLAIM TOTALS	-355.90	-156.18	0.00	0.00	-199.72	-156.18
ADJ TO TOTAL: PREV PD INTEREST							0.00	LATE FILING CHARGE		0.00	NET	-156.18
STATUS CODE 22: Reversal of Previous Payment												

NAME MORTON, AUSTIN			HIC	0008257561	ACNT	4472LMD642	ICN 434617765000		ASG Y	MOA		
1013940584	0129	012925	1	99215	25		295.00	156.18	0.00	0.00	CO-45	156.18
1013940584	0129	012925	1	83036	QW		60.90	8.04	0.00	0.00	CO-45	8.04
1013940584	0129	012925	1	0513F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1	3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1	1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1	3051F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1	2000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00					CLAIM TOTALS	355.90	164.22	0.00	0.00	191.68	164.22
ADJ TO TOTAL: PREV PD INTEREST							0.00	LATE FILING CHARGE		0.00	NET	164.22
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
	9	1788.90	584.39	0.00	0.00	1204.51	584.39	0.00	584.39

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).

M76 Missing / incomplete / invalid diagnosis or condition.



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 6
DATE: 2025-03-13
EFT #: 25068B1000097171
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ADAMCZYK, ALICIA		HIC 94981205301		ACNT	5054LMD642	ICN 435769267900		ASG Y	MOA	
1306898036	0227 022725	1 36415			20.00	15.09	0.00	0.00	CO-45	15.09
PT RESP	0.00	CLAIM TOTALS			20.00	15.09	0.00	0.00		15.09
ADJ TO TOTAL: PREV PD		INTEREST			0.00	LATE FILING CHARGE		0.00	NET	15.09
PLAN TYPE: COREWELL HEALTH EMP GRP										
STATUS CODE 1: Processed as Primary										

NAME FLIER, JOEL		HIC 94840278700		ACNT	5050LMD642	ICN 435769267300		ASG Y	MOA	
1306898036	0228 022825	1 99213	25		146.00	107.30	0.00	0.00	CO-45	77.30
									PR-3	30.00
1306898036	0228 022825	1 36415			20.00	0.00	0.00	0.00	CO-16	0.00
REM: M76										
1306898036	0228 022825	1 82043	QW		14.70	5.95	0.00	0.00	CO-45	5.95
1306898036	0228 022825	1 82570	QW		17.85	5.60	0.00	0.00	CO-45	5.60
1306898036	0228 022825	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 3079F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 3060F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	30.00	CLAIM TOTALS			198.55	118.85	0.00	0.00		88.85
ADJ TO TOTAL: PREV PD		INTEREST			0.00	LATE FILING CHARGE		0.00	NET	88.85
STATUS CODE 1: Processed as Primary										

NAME LOUGHRAN, DANIEL		HIC 94988925201		ACNT	5069LMD642	ICN 435769265700		ASG Y	MOA	
1306898036	0303 030325	1 99213			146.00	107.30	107.30	0.00	CO-45	0.00
1306898036	0303 030325	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0303 030325	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0303 030325	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0303 030325	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0303 030325	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0303 030325	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0303 030325	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0303 030325	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	107.30	CLAIM TOTALS			146.00	107.30	107.30	0.00		0.00
ADJ TO TOTAL: PREV PD		INTEREST			0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: COREWELL HEALTH EMP GRP										
STATUS CODE 1: Processed as Primary										



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25068B1000097171

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 2 of 6

REMITTANCE
ADVISE
DATE: 2025-03-13

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MAHNER, COLLEEN			HIC	94985479000	ACNT	1177LMD642			ICN 426345357900	ASG Y	MOA	
1306898036	0717	071724	-1	99213	25		-176.20	-98.03	0.00	0.00	CO-45	-53.03
											PR-3	-45.00
1306898036	0717	071724	-1	G0439			-276.42	0.00	0.00	0.00	CO-16	-276.42
						REM: M51						0.00
1306898036	0717	071724	-1	99395			-297.00	-158.40	0.00	0.00	CO-45	-158.40
1306898036	0717	071724	-1	99408	33		-61.00	0.00	0.00	0.00	CO-97	-61.00
						REM: N19						0.00
1306898036	0717	071724	-1	G0444	XU		-29.45	0.00	0.00	0.00	CO-16	-29.45
						REM: M51						0.00
1306898036	0717	071724	-1	G0442	XU		-30.00	0.00	0.00	0.00	CO-16	-30.00
						REM: M51						0.00
1306898036	0717	071724	-1	G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	G8476			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	G8420			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	G8418			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	1160F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	2001F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00					CLAIM TOTALS	-870.07	-256.43	0.00	0.00		-211.43
ADJ TO TOTAL: PREV PD						INTEREST	0.00					
PLAN TYPE: WEST MI PARTNERS								LATE FILING CHARGE		0.00	NET	-211.43
STATUS CODE 22: Reversal of Previous Payment												

NAME MAHNER, COLLEEN			HIC	94985479000	ACNT	1177LMD642			ICN 434532195900	ASG Y	MOA	
1306898036	0717	071724	1	99395			297.00	158.40	0.00	0.00	CO-45	158.40
1306898036	0717	071724	1	99408	33		61.00	0.00	0.00	0.00	CO-97	61.00
						REM: N19						0.00
1306898036	0717	071724	1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45
						REM: M51						0.00
1306898036	0717	071724	1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00
						REM: M51						0.00
1306898036	0717	071724	1	99213	25		176.20	98.03	0.00	0.00	CO-45	53.03
											PR-3	45.00
1306898036	0717	071724	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	G8476			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	G8420			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	G8418			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	1160F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	2001F			0.00	0.00	0.00	0.00		0.00
PT RESP	45.00					CLAIM TOTALS	593.65	256.43	0.00	0.00		211.43
ADJ TO TOTAL: PREV PD						INTEREST	0.00					
PLAN TYPE: WEST MI PARTNERS								LATE FILING CHARGE		0.00	NET	211.43
STATUS CODE 1: Processed as Primary												

NAME RUSSO, CHRISTOPHER			HIC	94858860000	ACNT	5045LMD642			ICN 435769266600	ASG Y	MOA	
1306898036	0228	022825	1	99214			219.00	151.33	0.00	0.00	CO-45	131.33
											PR-3	20.00
1306898036	0228	022825	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	20.00					CLAIM TOTALS	219.00	151.33	0.00	0.00		131.33
ADJ TO TOTAL: PREV PD						INTEREST	0.00					
PLAN TYPE: WEST MI PARTNERS								LATE FILING CHARGE		0.00	NET	131.33
STATUS CODE 1: Processed as Primary												



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25068B1000097171TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 3 of 6REMITTANCE
ADVICE
DATE: 2025-03-13

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WIERS, COLIN			HIC 94941908100	ACNT	5040LMD642	ICN 435769266200			ASG Y	MOA	
1306898036	0228	022825	1 99395			297.00	160.87	0.00	0.00	CO-45	136.13 160.87
1306898036	0228	022825	1 36415			20.00	15.09	0.00	0.00	CO-45	4.91 15.09
1306898036	0228	022825	1 G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00 0.00
			REM: M51								
1306898036	0228	022825	1 G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45 0.00
			REM: M51								
1306898036	0228	022825	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM	TOTALS		376.45	175.96	0.00	0.00		200.49 175.96
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING	CHARGE	0.00	NET	175.96
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 1: Processed as Primary											

NAME DEWEERD, RONALD			HIC 94912016400	ACNT	4312LMD642	ICN 427602976800			ASG Y	MOA	
1013940584	0923	092324	-1 99386			-388.00	0.00	0.00	0.00	CO-B16	-388.00 0.00
1013940584	0923	092324	-1 99214	25		-219.00	-138.62	-138.62	0.00	CO-45	-80.38 0.00
1013940584	0923	092324	-1 36415			-15.00	-13.98	-13.98	0.00	CO-45	-1.02 0.00
1013940584	0923	092324	-1 G0444	XU		-29.45	0.00	0.00	0.00	CO-16	-29.45 0.00
			REM: M51								
1013940584	0923	092324	-1 G0442	XU		-30.00	0.00	0.00	0.00	CO-16	-30.00 0.00
			REM: M51								
1013940584	0923	092324	-1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0923	092324	-1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0923	092324	-1 G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0923	092324	-1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM	TOTALS		-681.45	-152.60	-152.60	0.00		-528.85 0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING	CHARGE	0.00	NET	0.00
PLAN TYPE: WEST MI PARTNERS											
STATUS CODE 22: Reversal of Previous Payment											

NAME DEWEERD, RONALD			HIC 94912016400	ACNT	4312LMD642	ICN 434532198600			ASG Y	MOA	
1013940584	0923	092324	1 99396			327.00	168.04	0.00	0.00	CO-45	158.96 168.04
1013940584	0923	092324	1 36415			15.00	13.98	13.98	0.00	CO-45	1.02 0.00
1013940584	0923	092324	1 G0444	33		29.45	0.00	0.00	0.00	CO-16	29.45 0.00
			REM: M51								
1013940584	0923	092324	1 G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00 0.00
			REM: M51								
1013940584	0923	092324	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0923	092324	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0923	092324	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0923	092324	1 G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0923	092324	1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	13.98		CLAIM	TOTALS		401.45	182.02	13.98	0.00		219.43 168.04
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING	CHARGE	0.00	NET	168.04
PLAN TYPE: WEST MI PARTNERS											
STATUS CODE 1: Processed as Primary											

NAME DREW, ADAM			HIC 94999923500	ACNT	5078LMD642	ICN 435769269000			ASG Y	MOA	
1013940584	0303	030325	1 99214			219.00	151.33	0.00	0.00	CO-45	67.67 116.33
										PR-3	35.00
1013940584	0303	030325	1 0513F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1 3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1 3077F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	35.00		CLAIM	TOTALS		219.00	151.33	0.00	0.00		102.67 116.33
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING	CHARGE	0.00	NET	116.33
PLAN TYPE: MY PRIORITY HMO											
STATUS CODE 1: Processed as Primary											



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25068B1000097171TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 4 of 6REMITTANCE
ADVANCE
DATE: 2025-03-13

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HUMPHREY, JAMES			HIC	94923764900	ACNT	1594LMD642	ICN 415217231700		ASG Y	MOA		
1013940584	0607	060724	-1	99214			-219.00	0.00	0.00	0.00	CO-97	-219.00 0.00
REM: N19												
1013940584	0607	060724	-1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	99407			-59.56	-36.92	0.00	0.00	CO-45	-22.64 -36.92
1013940584	0607	060724	-1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	1000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-278.56	-36.92	0.00	0.00		-241.64 -36.92
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET -36.92
PLAN TYPE: MY PRIORITY HMO												
STATUS CODE 22: Reversal of Previous Payment												

NAME HUMPHREY, JAMES			HIC	94923764900	ACNT	1594LMD642	ICN 415617797700		ASG Y	MOA		
1013940584	0607	060724	-1	99214	25		-219.00	0.00	0.00	0.00	CO-252	-219.00 0.00
REM: M29												
1013940584	0607	060724	-1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	99407			-59.56	0.00	0.00	0.00	OA-18	-59.56 0.00
1013940584	0607	060724	-1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	1000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-278.56	0.00	0.00	0.00		-278.56 0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: MY PRIORITY HMO												
STATUS CODE 22: Reversal of Previous Payment												

NAME HUMPHREY, JAMES			HIC	94923764900	ACNT	1594LMD642	ICN 415617797701		ASG Y	MOA		
1013940584	0607	060724	1	99214	25		219.00	138.62	0.00	0.00	CO-45	80.38 138.62
1013940584	0607	060724	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	1	99407			59.56	36.92	0.00	0.00	CO-45	22.64 36.92
1013940584	0607	060724	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	1	1000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		278.56	175.54	0.00	0.00		103.02 175.54
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 175.54
PLAN TYPE: MY PRIORITY HMO												
STATUS CODE 1: Processed as Primary												

NAME KAREL, ASHLYN			HIC	94727711902	ACNT	5090LMD642	ICN 435871517700		ASG Y	MOA		
1013940584	0304	030425	1	99213			146.00	107.30	0.00	0.00	CO-45	38.70 87.30
PR-3 20.00												
PT RESP	20.00				CLAIM TOTALS		146.00	107.30	0.00	0.00		58.70 87.30
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 87.30
STATUS CODE 1: Processed as Primary												

NAME NIEMCZYK, DYLAN			HIC	94871891500	ACNT	3773LMD642	ICN 434532197700		ASG Y	MOA		
1013940584	1226	122624	1	99213			146.00	0.00	0.00	0.00	CO-16	146.00 0.00
REM: N152												
1013940584	1226	122624	1	99406			23.00	0.00	0.00	0.00	CO-16	23.00 0.00
REM: N152												
1013940584	1226	122624	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1	1159F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		169.00	0.00	0.00	0.00		169.00 0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 1: Processed as Primary												



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25068B1000097171TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 5 of 6REMITTANCE
ADVICE
DATE: 2025-03-13

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME NIEMCZYK, DYLAN				HIC	94871891500	ACNT	3773LMD642	ICN 434664588500				ASG Y	MOA	
1013940584	1226	122624		1	99213	25		146.00	0.00	0.00	0.00	CO-16	146.00	0.00
							REM: N152							
1013940584	1226	122624		1	99406			23.00	0.00	0.00	0.00	CO-16	23.00	0.00
							REM: N152							
1013940584	1226	122624		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	1159F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		169.00	0.00	0.00	0.00		169.00	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 NIEMCZYK, DYLAN				HIC	94871891500	ACNT	3773LMD642	ICN 434676756100				ASG Y	MOA	
1013940584	1226	122624		1	99213	25		146.00	0.00	0.00	0.00	CO-16	146.00	0.00
							REM: N152							
1013940584	1226	122624		1	99406			23.00	0.00	0.00	0.00	CO-16	23.00	0.00
							REM: N152							
1013940584	1226	122624		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	1159F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		169.00	0.00	0.00	0.00		169.00	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 PUNCHES, BRIAN				HIC	94997884201	ACNT	4014LMD642	ICN 427569313100				ASG Y	MOA	
1013940584	0108	010825		1	99214	25		219.00	0.00	0.00	0.00	CO-16	219.00	0.00
							REM: M76							
1013940584	0108	010825		1	36415			15.00	0.00	0.00	0.00	CO-16	15.00	0.00
							REM: M76							
1013940584	0108	010825		1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0108	010825		1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0108	010825		1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0108	010825		1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0108	010825		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0108	010825		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0108	010825		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0108	010825		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0108	010825		1	2001F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		234.00	0.00	0.00	0.00		234.00	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: MY PRIORITY HMO														
STATUS CODE 1: Processed as Primary														

NAME SCHLIPP, NATHAN				HIC	94958137200	ACNT	5124LMD642	ICN 435871519600				ASG Y	MOA	
1013940584	0214	021425		1	99395			297.00	160.87	0.00	0.00	CO-45	136.13	160.87
1013940584	0214	021425		1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45	0.00
							REM: M51							
1013940584	0214	021425		1	3074F			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
1013940584	0214	021425		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0214	021425		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0214	021425		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0214	021425		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0214	021425		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0214	021425		1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0214	021425		1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		326.45	160.87	0.00	0.00		165.58	160.87
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	160.87
STATUS CODE 1: Processed as Primary														



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25068B1000097171

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 6 of 6

REMITTANCE
ADVICE
DATE: 2025-03-13

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	SLACHTER, STEVEN		HIC	94817037400	ACNT	1768LMD642			ICN	426588655600	ASG Y MOA	
1013940584	0819	081924	-1	99395	25		0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	-1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	-1	36415	51		-15.00	-13.98	0.00	0.00	CO-45	-13.98
1013940584	0819	081924	-1	G0442	XU		-30.00	0.00	0.00	0.00	CO-16	-30.00
						REM: M51						
1013940584	0819	081924	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	-1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	-1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	-1	G0444	XU		-29.45	0.00	0.00	0.00	CO-16	-29.45
						REM: M51						
1013940584	0819	081924	-1	2000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-74.45	-13.98	0.00	0.00		-60.47
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET -13.98
STATUS CODE 22: Reversal of Previous Payment												

NAME	SLACHTER, STEVEN		HIC	94817037400	ACNT	1768LMD642			ICN	434532196100	ASG Y MOA	
1013940584	0819	081924	1	99395			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	36415			15.00	13.98	0.00	0.00	CO-45	13.98
1013940584	0819	081924	1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00
						REM: M51						
1013940584	0819	081924	1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45
						REM: M51						
1013940584	0819	081924	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	2000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		74.45	13.98	0.00	0.00		60.47
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 13.98
STATUS CODE 1: Processed as Primary												

NAME	CORPE, JODI		HIC	94775869200	ACNT	4987LMD642			ICN	435871517500	ASG Y MOA	
1013940584	0225	022525	1	99213			146.00	107.30	107.30	0.00	CO-45	38.70
1013940584	0225	022525	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	107.30				CLAIM TOTALS		146.00	107.30	107.30	0.00		38.70
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: COREWELL HEALTH EMP GRP												
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
	22	1703.47	1263.37	75.98	0.00	545.10	1082.39	0.00	1082.39

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-252	An attachment / other documentation is required to adjudicate this claim / service. Check Remittance Remark Codes for details.
CO-45	Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-97	Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
CO-B16	Payment adjusted because 'New Patient' qualifications were not met.
M29	Missing operative note / report.
M51	Missing / incomplete / invalid procedure code(s).
M76	Missing / incomplete / invalid diagnosis or condition.
N152	Missing / incomplete / invalid replacement claim information.
N19	Procedure code incidental to primary procedure.
OA-18	Duplicate claim / service.
PR-1	Deductible Amount
PR-3	Co-payment Amount



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 12
DATE: 2025-03-13
EFT #: 25068B1000285478
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BRANDS, ROGER		HIC 80016847200	ACNT 5046LMD642					ICN 435769266800	ASG Y MOA	
1306898036	0228 022825	1 99213 25			146.00	85.63	0.00	0.00	CO-45 60.37	83.92
									CO-253 1.71	
1306898036	0228 022825	1 10060			262.90	117.77	0.00	0.00	CO-45 145.13	115.41
									CO-253 2.36	
1306898036	0228 022825	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS		408.90	203.40	0.00	0.00	209.57	199.33
ADJ TO TOTAL: PREV PD			INTEREST		0.00				NET	199.33
STATUS CODE 1: Processed as Primary										

NAME CAMMENG, RHONDA		HIC 80027407900	ACNT 5098LMD642					ICN 435871518200	ASG Y MOA	
1306898036	0304 030425	1 G0439			361.00	121.85	0.00	0.00	CO-45 239.15	119.41
									CO-253 2.44	
1306898036	0304 030425	1 99397 52			341.00	61.95	0.00	0.00	CO-45 279.05	61.95
1306898036	0304 030425	1 99497 33			132.00	0.00	0.00	0.00	CO-97 132.00	0.00
		REM: N19								
1306898036	0304 030425	1 G2211			25.00	0.00	0.00	0.00	CO-97 25.00	0.00
		REM: N122								
1306898036	0304 030425	1 G0442 XU			30.00	16.22	0.00	0.00	CO-45 13.78	15.90
									CO-253 0.32	
1306898036	0304 030425	1 G0444 33			29.45	16.22	0.00	0.00	CO-45 13.23	15.90
									CO-253 0.32	
1306898036	0304 030425	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0304 030425	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0304 030425	1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0304 030425	1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS		918.45	216.24	0.00	0.00	705.29	213.16
ADJ TO TOTAL: PREV PD			INTEREST		0.00				NET	213.16
STATUS CODE 1: Processed as Primary										



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25068B1000285478

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 2 of 12

REMITTANCE
ADVICE
DATE: 2025-03-13

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CLARK, DOUGLAS					HIC 80030958800	ACNT 5043LMD642			ICN 435769266400	ASG Y	MOA	
1306898036	0228	022825	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15
											CO-253	2.44
1306898036	0228	022825	1	99397	52		341.00	61.95	0.00	0.00	CO-45	279.05
1306898036	0228	022825	1	99497	33		132.00	0.00	0.00	0.00	CO-97	132.00
					REM: N19							
1306898036	0228	022825	1	99214	25		241.68	120.84	0.00	0.00	CO-45	120.84
											CO-253	2.42
1306898036	0228	022825	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91
											CO-253	0.18
1306898036	0228	022825	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74
											CO-253	0.31
1306898036	0228	022825	1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92
											PR-3	5.78
1306898036	0228	022825	1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67
											CO-253	0.02
											PR-3	4.22
1306898036	0228	022825	1	G0442	XU		30.00	0.00	0.00	0.00	CO-96	30.00
					REM: N640							
1306898036	0228	022825	1	G0444	33		29.45	0.00	0.00	0.00	CO-96	29.45
					REM: N115							
1306898036	0228	022825	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	3061F			0.00	0.00	0.00	0.00		0.00
PT RESP	10.00				CLAIM TOTALS		1212.68	339.95	0.00	0.00		888.10
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 324.58
STATUS CODE 1: Processed as Primary												

NAME CLARK, DOUGLAS					HIC 80030958800	ACNT 5104LMD642			ICN 435871518700	ASG Y	MOA	
1306898036	0305	030525	1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16
											CO-253	2.42
1306898036	0305	030525	1	99401			40.00	0.00	0.00	0.00	CO-204	40.00
1306898036	0305	030525	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74
											CO-253	0.31
1306898036	0305	030525	1	3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		284.00	136.10	0.00	0.00		150.63
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 133.37
STATUS CODE 1: Processed as Primary												

NAME COLEMAN, KATHY					HIC 80036433700	ACNT 5102LMD642			ICN 435871518600	ASG Y	MOA	
1306898036	0305	030525	1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16
											CO-253	2.42
1306898036	0305	030525	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74
											CO-253	0.31
1306898036	0305	030525	1	G0444	33		29.45	16.22	0.00	0.00	CO-45	13.23
											CO-253	0.32
1306898036	0305	030525	1	G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1	1036F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		273.45	152.32	0.00	0.00		124.18
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 149.27
STATUS CODE 1: Processed as Primary												

NAME GROOTERS, TERREL					HIC 94780315100	ACNT 5093LMD642			ICN 435871517900	ASG Y	MOA	
1306898036	0304	030425	1	98966			25.00	0.00	0.00	0.00	CO-96	25.00
					REM: N59							
PT RESP	0.00				CLAIM TOTALS		25.00	0.00	0.00	0.00		25.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 1: Processed as Primary												



PRIORITY HEALTH

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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME HERNANDEZ, NORMA				HIC	94760939700	ACNT	5053LMD642	ICN 435769267600				ASG Y	MOA	
1306898036	0228	022825		1	99213			146.00	85.63	0.00	0.00	CO-45	60.37	83.92
1306898036	0228	022825		1	G2211			25.00	15.26	0.00	0.00	CO-253	1.71	
												CO-45	9.74	14.95
												CO-253	0.31	
1306898036	0228	022825		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0228	022825		1	3079F			0.00	0.00	0.00	0.00			0.00
1306898036	0228	022825		1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0228	022825		1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0228	022825		1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0228	022825		1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0228	022825		1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0228	022825		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			171.00	100.89	0.00	0.00		72.13	98.87
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	98.87
STATUS CODE 1: Processed as Primary														

NAME KITTLAUS, JOYCE				HIC	94806388100	ACNT	5063LMD642	ICN 435769265000				ASG Y	MOA	
1306898036	0303	030325		1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
												CO-253	2.44	
1306898036	0303	030325		1	99397 52			341.00	61.95	0.00	0.00	CO-45	279.05	61.95
1306898036	0303	030325		1	99497 33			132.00	0.00	0.00	0.00	CO-97	132.00	0.00
					REM: N19									
1306898036	0303	030325		1	G2211			25.00	0.00	0.00	0.00	CO-97	25.00	0.00
					REM: N122									
1306898036	0303	030325		1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1306898036	0303	030325		1	G0442 XU			30.00	16.22	0.00	0.00	CO-45	13.78	15.90
												CO-253	0.32	
1306898036	0303	030325		1	G0444 33			29.45	16.22	0.00	0.00	CO-45	13.23	15.90
												CO-253	0.32	
1306898036	0303	030325		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0303	030325		1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0303	030325		1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0303	030325		1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			938.45	225.33	0.00	0.00		716.38	222.07
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	222.07
STATUS CODE 1: Processed as Primary														

NAME MIEDEMA, JACK				HIC	94816446500	ACNT	5097LMD642	ICN 435871518100				ASG Y	MOA	
1306898036	0304	030425		1	99213			146.00	85.63	0.00	0.00	CO-45	60.37	83.92
												CO-253	1.71	
1306898036	0304	030425		1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0304	030425		1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0304	030425		1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0304	030425		1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0304	030425		1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0304	030425		1	1160F			0.00	0.00	0.00	0.00			0.00
1306898036	0304	030425		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0304	030425		1	3079F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			146.00	85.63	0.00	0.00		62.08	83.92
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	83.92
STATUS CODE 1: Processed as Primary														

NAME SCHOLMA, KENNETH				HIC	80020272600	ACNT	4095LMD642	ICN 435000834200				ASG Y	MOA	
1306898036	0109	010925		-1	G0008			0.00	0.00	0.00	0.00			0.00
1306898036	0109	010925		-1	90662			-90.00	-83.49	0.00	0.00	CO-45	-6.51	-81.82
												CO-253	-1.67	
PT RESP	0.00				CLAIM TOTALS			-90.00	-83.49	0.00	0.00		-8.18	-81.82
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	-81.82
STATUS CODE 22: Reversal of Previous Payment														

NAME SCHOLMA, KENNETH				HIC	80020272600	ACNT	4095LMD642	ICN 435102741700				ASG Y	MOA	
1306898036	0109	010925		1	G0008			41.00	32.60	0.00	0.00	CO-45	8.40	31.95
												CO-253	0.65	
1306898036	0109	010925		1	90662			90.00	83.49	0.00	0.00	CO-45	6.51	81.82
												CO-253	1.67	
PT RESP	0.00				CLAIM TOTALS			131.00	116.09	0.00	0.00		17.23	113.77
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	113.77
STATUS CODE 1: Processed as Primary														



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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	ZBIKOWSKI, DAVID			HIC	80030830700	ACNT	4313LMD642			ICN	427532838200	ASG Y	MOA	
1306898036	0120	012025		-1	96372			-45.00	-13.25	0.00	0.00	CO-45	-31.75	-12.98
												CO-253	-0.27	
1306898036	0120	012025		-1	90677			-330.00	0.00	0.00	0.00	CO-4	-330.00	0.00
PT RESP	0.00					CLAIM TOTALS		-375.00	-13.25	0.00	0.00		-362.02	-12.98
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	-12.98
STATUS CODE 22: Reversal of Previous Payment														

NAME	ZBIKOWSKI, DAVID			HIC	80030830700	ACNT	4313LMD642			ICN	434532199200	ASG Y	MOA	
1306898036	0120	012025		1	G0009			41.00	32.60	0.00	0.00	CO-45	8.40	31.95
												CO-253	0.65	
1306898036	0120	012025		1	90677			330.00	298.04	0.00	0.00	CO-45	31.96	292.08
												CO-253	5.96	
PT RESP	0.00					CLAIM TOTALS		371.00	330.64	0.00	0.00		46.97	324.03
ADJ TO TOTAL: PREV PD						INTEREST		0.09		LATE FILING CHARGE		0.00	NET	324.03
STATUS CODE 1: Processed as Primary														

NAME	BARTZ, CAROLE			HIC	94757460600	ACNT	4481LMD642			ICN	434273802500	ASG Y	MOA	
1013940584	0129	012925		-1	99214	25		-219.00	0.00	0.00	0.00	CO-16	-219.00	0.00
						REM: N769								
1013940584	0129	012925		-1	G2211			-25.00	0.00	0.00	0.00	CO-16	-25.00	0.00
						REM: N769								
1013940584	0129	012925		-1	82043	QW		-14.70	-5.78	0.00	0.00	CO-45	-8.92	0.00
												PR-3	-5.78	
1013940584	0129	012925		-1	82570	QW		-17.85	-5.18	0.00	0.00	CO-45	-12.67	0.00
												PR-3	-5.18	
1013940584	0129	012925		-1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0129	012925		-1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0129	012925		-1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0129	012925		-1	3060F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		-276.55	-10.96	0.00	0.00		-276.55	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 22: Reversal of Previous Payment														

NAME	BARTZ, CAROLE			HIC	94757460600	ACNT	4481LMD642			ICN	434676757300	ASG Y	MOA	
1013940584	0129	012925		1	99214	25		219.00	0.00	0.00	0.00	OA-18	219.00	0.00
1013940584	0129	012925		1	G2211			25.00	0.00	0.00	0.00	OA-18	25.00	0.00
1013940584	0129	012925		1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	0.00
												PR-3	5.78	
1013940584	0129	012925		1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67	0.00
												PR-3	5.18	
1013940584	0129	012925		1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0129	012925		1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0129	012925		1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0129	012925		1	3060F			0.00	0.00	0.00	0.00			0.00
PT RESP	10.96					CLAIM TOTALS		276.55	10.96	0.00	0.00		276.55	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	BOUMA, SCOTT			HIC	80027990400	ACNT	4249LMD642			ICN	427480004800	ASG Y	MOA	
1013940584	0905	090524		-1	99214	25		-247.32	-123.66	0.00	0.00	CO-45	-123.66	-121.19
												CO-253	-2.47	
1013940584	0905	090524		-1	G2211			-25.00	-16.01	0.00	0.00	CO-45	-8.99	-15.69
												CO-253	-0.32	
1013940584	0905	090524		-1	81003			-33.60	-2.25	0.00	0.00	CO-45	-31.35	-2.20
												CO-253	-0.05	
1013940584	0905	090524		-1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0905	090524		-1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0905	090524		-1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0905	090524		-1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0905	090524		-1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0905	090524		-1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0905	090524		-1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0905	090524		-1	2001F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		-305.92	-141.92	0.00	0.00		-166.84	-139.08
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	-139.08
STATUS CODE 22: Reversal of Previous Payment														



PRIORITY HEALTH

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REMITTANCE
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REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BOUMA, SCOTT			HIC 80027990400	ACNT 4249LMD642		ICN 427480004801	ASG Y	MOA			
1013940584	0905	090524	1 99214 25			247.32	123.66	0.00	0.00	CO-45	123.66
										CO-253	2.47
1013940584	0905	090524	1 G2211			25.00	16.01	0.00	0.00	CO-45	8.99
										CO-253	0.32
1013940584	0905	090524	1 81003			33.60	0.00	0.00	0.00	CO-97	33.60
REM: N19											
1013940584	0905	090524	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0905	090524	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0905	090524	1 1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0905	090524	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0905	090524	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0905	090524	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0905	090524	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0905	090524	1 2001F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			305.92	139.67	0.00	0.00		169.04
ADJ TO TOTAL: PREV PD			INTEREST			0.00					136.88
STATUS CODE 1: Processed as Primary											

NAME BOUMA, SCOTT			HIC 80027990400	ACNT 4555LMD642		ICN 434481084200	ASG Y	MOA			
1013940584	0905	090524	1 81001			43.05	3.17	0.00	0.00	CO-45	39.88
										CO-253	0.06
PT RESP	0.00		CLAIM TOTALS			43.05	3.17	0.00	0.00		39.94
ADJ TO TOTAL: PREV PD			INTEREST			0.01					3.11
STATUS CODE 1: Processed as Primary											

NAME DELAAT, KENNETH			HIC 80018078200	ACNT 4318LMD642		ICN 427569314300	ASG Y	MOA			
1013940584	0121	012125	-1 99215 25			-349.14	0.00	0.00	0.00	CO-16	-349.14
REM: N769											
1013940584	0121	012125	-1 G2211			-25.00	0.00	0.00	0.00	CO-16	-25.00
REM: N769											
1013940584	0121	012125	-1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0121	012125	-1 36415			-20.00	-9.09	0.00	0.00	CO-45	-10.91
										CO-253	-0.18
1013940584	0121	012125	-1 93000			-71.00	-13.33	0.00	0.00	CO-45	-57.67
										CO-253	-0.27
1013940584	0121	012125	-1 3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0121	012125	-1 1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0121	012125	-1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0121	012125	-1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0121	012125	-1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0121	012125	-1 1159F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			-465.14	-22.42	0.00	0.00		-443.17
ADJ TO TOTAL: PREV PD			INTEREST			0.00					-21.97
STATUS CODE 22: Reversal of Previous Payment											

NAME DELAAT, KENNETH			HIC 80018078200	ACNT 4318LMD642		ICN 434532199300	ASG Y	MOA			
1013940584	0121	012125	1 99215 25			349.14	169.85	0.00	0.00	CO-45	179.29
										CO-253	3.40
1013940584	0121	012125	1 G2211			25.00	15.26	0.00	0.00	CO-45	9.74
										CO-253	0.31
1013940584	0121	012125	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0121	012125	1 36415			20.00	9.09	0.00	0.00	CO-45	10.91
										CO-253	0.18
1013940584	0121	012125	1 93000			71.00	13.33	0.00	0.00	CO-45	57.67
										CO-253	0.27
1013940584	0121	012125	1 3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0121	012125	1 1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0121	012125	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0121	012125	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0121	012125	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0121	012125	1 1159F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			465.14	207.53	0.00	0.00		261.77
ADJ TO TOTAL: PREV PD			INTEREST			0.08					203.37
STATUS CODE 1: Processed as Primary											

NAME FISHER, DONALD			HIC 80015020900	ACNT 5122LMD642		ICN 435871519300	ASG Y	MOA			
1013940584	0304	030425	1 36415			20.00	9.09	0.00	0.00	CO-45	10.91
										CO-253	0.18
PT RESP	0.00		CLAIM TOTALS			20.00	9.09	0.00	0.00		11.09
ADJ TO TOTAL: PREV PD			INTEREST			0.00					8.91
STATUS CODE 1: Processed as Primary											



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25068B1000285478

TIMOTHY J TOBOLIC MD PLLC [900068405]
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REMITTANCE
ADVICE
DATE: 2025-03-13

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	FLIETSTRA, DAVID			HIC	94736076201	ACNT	4319LMD642			ICN	434532199800	ASG Y	MOA	
1013940584	0121	012125		1	99213	25		146.00	0.00	0.00	0.00	CO-252	146.00	0.00
							REM: M29							
1013940584	0121	012125		1	G2211			25.00	0.00	0.00	0.00	CO-97	25.00	0.00
							REM: N122							
1013940584	0121	012125		1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0121	012125		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0121	012125		1	69209	50		29.00	20.90	0.00	0.00	CO-45	8.10	20.48
												CO-253	0.42	
PT RESP	0.00						CLAIM TOTALS	200.00	20.90	0.00	0.00		179.52	20.48
ADJ TO TOTAL: PREV PD							INTEREST	0.01		LATE FILING	CHARGE	0.00	NET	20.48
STATUS CODE 1: Processed as Primary														

NAME	FLIETSTRA, JUDITH			HIC	94736076200	ACNT	5061LMD642			ICN	435769268700	ASG Y	MOA	
1013940584	0303	030325		1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16	118.42
												CO-253	2.42	
1013940584	0303	030325		1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1013940584	0303	030325		1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-253	0.31	
1013940584	0303	030325		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0303	030325		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0303	030325		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0303	030325		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0303	030325		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0303	030325		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0303	030325		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0303	030325		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00						CLAIM TOTALS	264.00	145.19	0.00	0.00		121.72	142.28
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING	CHARGE	0.00	NET	142.28
STATUS CODE 1: Processed as Primary														

NAME	HARN, DONALD			HIC	80034924400	ACNT	4602LMD642			ICN	434576701700	ASG Y	MOA	
1013940584	0131	013125		1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
												CO-253	2.44	
1013940584	0131	013125		1	99214	25		241.68	120.84	0.00	0.00	CO-45	120.84	118.42
												CO-253	2.42	
1013940584	0131	013125		1	99397	52		341.00	61.95	0.00	0.00	CO-45	279.05	61.95
1013940584	0131	013125		1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-253	0.31	
1013940584	0131	013125		1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	0.00
												PR-3	5.78	
1013940584	0131	013125		1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67	0.94
												CO-253	0.02	
												PR-3	4.22	
1013940584	0131	013125		1	G0444	33		29.45	16.22	0.00	0.00	CO-45	13.23	15.90
												CO-253	0.32	
1013940584	0131	013125		1	G0442	XU		30.00	16.22	0.00	0.00	CO-45	13.78	15.90
												CO-253	0.32	
1013940584	0131	013125		1	G0537			34.80	17.40	0.00	0.00	CO-45	17.40	17.05
												CO-253	0.35	
1013940584	0131	013125		1	1158F			0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125		1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125		1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125		1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP	10.00						CLAIM TOTALS	1095.48	380.70	0.00	0.00		730.96	364.52
ADJ TO TOTAL: PREV PD							INTEREST	0.09		LATE FILING	CHARGE	0.00	NET	364.52
STATUS CODE 1: Processed as Primary														



PRIORITY HEALTH

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REMITTANCE
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DATE: 2025-03-13

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HUIZINGA, RICHARD			HIC	94723854100	ACNT	5123LMD642	ICN 435871519400		ASG Y		MOA	
1013940584	0305	030525	1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16
											CO-253	2.22
											PR-3	10.00
1013940584	0305	030525	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74
											CO-253	0.31
1013940584	0305	030525	1	71046			68.20	30.57	30.57	0.00	CO-45	37.63
1013940584	0305	030525	1	73030	RT		69.30	31.33	19.43	0.00	CO-45	37.97
											CO-253	0.04
											PR-3	10.00
1013940584	0305	030525	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	70.00				CLAIM TOTALS		381.50	198.00	50.00	0.00		206.07
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												125.43

NAME HUYSER, MELVIN			HIC	94832701900	ACNT	5083LMD642	ICN 435769270200		ASG Y		MOA	
1013940584	0304	030425	1	99215	25		295.00	169.85	0.00	0.00	CO-45	125.15
											CO-253	3.40
1013940584	0304	030425	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74
											CO-253	0.31
1013940584	0304	030425	1	93000			71.00	13.33	0.00	0.00	CO-45	57.67
											CO-253	0.27
1013940584	0304	030425	1	82043	QW		14.70	0.00	0.00	0.00	CO-16	14.70
					REM: M76							
1013940584	0304	030425	1	82570	QW		17.85	0.00	0.00	0.00	CO-16	17.85
					REM: M76							
1013940584	0304	030425	1	G0442	XU		30.00	0.00	0.00	0.00	CO-96	30.00
					REM: N640							
1013940584	0304	030425	1	G0444	33		29.45	0.00	0.00	0.00	CO-96	29.45
					REM: N115							
1013940584	0304	030425	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	1	1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	1	3061F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		483.00	198.44	0.00	0.00		288.54
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												194.46

NAME JOHNSON, DORR			HIC	94783432600	ACNT	5113LMD642	ICN 435871519200		ASG Y		MOA	
1013940584	0305	030525	1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16
											CO-253	2.42
1013940584	0305	030525	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74
											CO-253	0.31
1013940584	0305	030525	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		244.00	136.10	0.00	0.00		110.63
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												133.37



PRIORITY HEALTH

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EFT #: 25068B1000285478TIMOTHY J TOBOLIC MD PLLC [900068405]
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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME LINDEN, ROBYN			HIC	80024689300	ACNT	4265LMD642	ICN 435171100300		ASG Y		MOA	
1013940584	1016	101624	1	99496	24		446.00	0.00	0.00	0.00	OA-18	446.00 0.00
1013940584	1016	101624	1	G8420			0.00	0.00	0.00	0.00		0.00
1013940584	1016	101624	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1016	101624	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1016	101624	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	1016	101624	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	1016	101624	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	1016	101624	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	1016	101624	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	1016	101624	1	1000F			0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM		TOTALS		446.00	0.00	0.00	0.00		446.00 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 LINDEN, ROBYN			HIC	80024689300	ACNT	5142LMD642	ICN 435911149000		ASG Y		MOA	
1013940584	0304	030425	1	99214	25		241.68	120.84	0.00	0.00	CO-45	120.84 118.42
											CO-253	2.42
1013940584	0304	030425	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74 14.95
											CO-253	0.31
1013940584	0304	030425	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM		TOTALS		266.68	136.10	0.00	0.00		133.31 133.37
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	NET	133.37
STATUS CODE 1: Processed as Primary												

NAME RADER, MARGARET			HIC	80036686000	ACNT	838LMD642	ICN 417404995500		ASG Y		MOA	
1013940584	0624	062424	-1	99396			-327.00	0.00	0.00	0.00	CO-9	-327.00 0.00
1013940584	0624	062424	-1	99214	25		-219.00	-123.66	0.00	0.00	CO-45	-95.34 -121.19
											CO-253	-2.47
1013940584	0624	062424	-1	G2211			-25.00	0.00	0.00	0.00	CO-9	-25.00 0.00
1013940584	0624	062424	-1	36415			-15.00	-8.83	0.00	0.00	CO-45	-6.17 -8.65
											CO-253	-0.18
1013940584	0624	062424	-1	G0442	XU		-30.00	0.00	0.00	0.00	CO-16	-30.00 0.00
			REM: M76									
1013940584	0624	062424	-1	G0444	XU		-29.45	0.00	0.00	0.00	CO-9	-29.45 0.00
1013940584	0624	062424	-1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	-1	G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	-1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	-1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	-1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	-1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	-1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	-1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	-1	3008F			0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM		TOTALS		-645.45	-132.49	0.00	0.00		-515.61 -129.84
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	NET	-129.84
STATUS CODE 22: Reversal of Previous Payment												



PRIORITY HEALTH

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EFT #: 25068B1000285478TIMOTHY J TOBOLIC MD PLLC [900068405]
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ADVICE
DATE: 2025-03-13

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME RADER, MARGARET			HIC	80036686000	ACNT	838LMD642	ICN 434617764600		ASG Y	MOA		
1013940584	0624	062424	1	99396			327.00	119.17	0.00	0.00	CO-45	119.17
1013940584	0624	062424	1	G2211			25.00	0.00	0.00	0.00	CO-97	0.00
REM: N122												
1013940584	0624	062424	1	36415			15.00	8.83	0.00	0.00	CO-45	8.65
1013940584	0624	062424	1	G0442	XU		30.00	0.00	0.00	0.00	CO-253	0.18
REM: N640												
1013940584	0624	062424	1	G0444	33		29.45	0.00	0.00	0.00	CO-9	29.45
1013940584	0624	062424	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	1	G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0624	062424	1	3008F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		426.45	128.00	0.00	0.00		127.82
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 127.82
STATUS CODE 1: Processed as Primary												

NAME RADER, MARGARET			HIC	80036686000	ACNT	5065LMD642	ICN 435769265300		ASG Y	MOA		
1013940584	0303	030325	1	99215	25		295.00	169.85	0.00	0.00	CO-45	166.45
											CO-253	3.40
1013940584	0303	030325	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1	G0444	33		29.45	0.00	0.00	0.00	CO-96	0.00
REM: N640												
1013940584	0303	030325	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		324.45	169.85	0.00	0.00		166.45
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 166.45
STATUS CODE 1: Processed as Primary												

NAME ROOKUS, JOYCE			HIC	94979912000	ACNT	5132LMD642	ICN 435911148400		ASG Y	MOA		
1013940584	0224	022425	1	99213	25		146.00	85.63	0.00	0.00	CO-45	83.92
											CO-253	1.71
1013940584	0224	022425	1	G2211			25.00	15.26	0.00	0.00	CO-45	14.95
											CO-253	0.31
1013940584	0224	022425	1	11602	RT		319.00	225.24	0.00	0.00	CO-45	220.74
											CO-253	4.50
1013940584	0224	022425	1	G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		490.00	326.13	0.00	0.00		319.61
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 319.61
STATUS CODE 1: Processed as Primary												

NAME RYAN, FRITTS			HIC	80014324300	ACNT	5018LMD642	ICN 435769264600		ASG Y	MOA		
1013940584	0226	022625	1	99496			446.00	261.36	0.00	0.00	CO-45	256.13
											CO-253	5.23
1013940584	0226	022625	1	G2211			25.00	0.00	0.00	0.00	CO-97	0.00
REM: N122												
1013940584	0226	022625	1	36415			20.00	9.09	0.00	0.00	CO-45	8.91
											CO-253	0.18
1013940584	0226	022625	1	G0442	XU		30.00	16.22	0.00	0.00	CO-45	15.90
											CO-253	0.32
1013940584	0226	022625	1	G0444	33		29.45	16.22	0.00	0.00	CO-45	15.90
											CO-253	0.32
1013940584	0226	022625	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		550.45	302.89	0.00	0.00		296.84
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 296.84
STATUS CODE 1: Processed as Primary												



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25068B1000285478

TIMOTHY J TOBOLIC MD PLLC [900068405]
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REMITTANCE
ADVICE
DATE: 2025-03-13

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	SCHUMAKER, GERALD			HIC	94757832700	ACNT	5111LMD642			ICN	435871519100	ASG Y	MOA	
1013940584	0305	030525		1	99213	25		146.00	85.63	0.00	0.00	CO-45	60.37	83.92
												CO-253	1.71	
1013940584	0305	030525		1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-253	0.31	
1013940584	0305	030525		1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	0.00
												PR-3	5.78	
1013940584	0305	030525		1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67	0.94
												CO-253	0.02	
												PR-3	4.22	
1013940584	0305	030525		1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0305	030525		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0305	030525		1	3061F			0.00	0.00	0.00	0.00			0.00
1013940584	0305	030525		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0305	030525		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0305	030525		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0305	030525		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0305	030525		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0305	030525		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	10.00			CLAIM	TOTALS			203.55	111.85	0.00	0.00		103.74	99.81
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	99.81
STATUS CODE 1: Processed as Primary														

NAME	SNYDER, SUSAN			HIC	94843989800	ACNT	4697LMD642			ICN	434715863200	ASG Y	MOA	
1013940584	0210	021025		-1	G0439	52		-361.00	-60.93	0.00	0.00	CO-45	-300.07	-59.71
												CO-253	-1.22	
1013940584	0210	021025		-1	99397			-341.00	0.00	0.00	0.00	CO-97	-341.00	0.00
1013940584	0210	021025		-1	99214	25		-219.00	-120.84	0.00	0.00	CO-45	-98.16	-118.42
												CO-253	-2.42	
1013940584	0210	021025		-1	36415			-20.00	-9.09	0.00	0.00	CO-45	-10.91	-8.91
												CO-253	-0.18	
1013940584	0210	021025		-1	G2211			-25.00	-15.26	0.00	0.00	CO-45	-9.74	-14.95
												CO-253	-0.31	
1013940584	0210	021025		-1	G0444	33		-29.45	-16.22	0.00	0.00	CO-45	-13.23	-15.90
												CO-253	-0.32	
1013940584	0210	021025		-1	G0442	XU		-30.00	-16.22	0.00	0.00	CO-45	-13.78	-15.90
												CO-253	-0.32	
1013940584	0210	021025		-1	0513F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025		-1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025		-1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025		-1	1158F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025		-1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS			-1025.45	-238.56	0.00	0.00		-791.66	-233.79
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	-233.79
STATUS CODE 22: Reversal of Previous Payment														

NAME	SNYDER, SUSAN			HIC	94843989800	ACNT	4697LMD642			ICN	435437877900	ASG Y	MOA	
1013940584	0210	021025		1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
												CO-253	2.44	
1013940584	0210	021025		1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16	118.42
												CO-253	2.42	
1013940584	0210	021025		1	99397	52		341.00	61.95	0.00	0.00	CO-45	279.05	61.95
1013940584	0210	021025		1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1013940584	0210	021025		1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-253	0.31	
1013940584	0210	021025		1	G0444	33		29.45	16.22	0.00	0.00	CO-45	13.23	15.90
												CO-253	0.32	
1013940584	0210	021025		1	G0442	XU		30.00	16.22	0.00	0.00	CO-45	13.78	15.90
												CO-253	0.32	
1013940584	0210	021025		1	0513F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025		1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025		1	1158F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025		1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS			1025.45	361.43	0.00	0.00		670.01	355.44
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	355.44
STATUS CODE 1: Processed as Primary														



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25068B1000285478

TIMOTHY J TOBOLIC MD PLLC [900068405]
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REMITTANCE
ADVICE
DATE: 2025-03-13

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	TEHENNEPE, DERK			HIC	94758809200	ACNT	5109LMD642			ICN	435871519000	ASG Y	MOA	
1013940584	0305	030525		1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
												CO-253	2.44	
1013940584	0305	030525		1	99397	52		341.00	61.95	0.00	0.00	CO-45	279.05	61.95
1013940584	0305	030525		1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16	118.42
												CO-253	2.42	
1013940584	0305	030525		1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1013940584	0305	030525		1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-253	0.31	
1013940584	0305	030525		1	G0442	XU		30.00	16.22	0.00	0.00	CO-45	13.78	15.90
												CO-253	0.32	
1013940584	0305	030525		1	G0444	33		29.45	16.22	0.00	0.00	CO-45	13.23	15.90
												CO-253	0.32	
1013940584	0305	030525		1	G0296			30.00	0.00	0.00	0.00	CO-97	30.00	0.00
						REM: N19								
1013940584	0305	030525		1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0305	030525		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0305	030525		1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0305	030525		1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		1055.45	361.43	0.00	0.00		700.01	355.44
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	355.44
STATUS CODE 1: Processed as Primary														

NAME	THOMAS, WILLIAM			HIC	80013215900	ACNT	4604LMD642			ICN	435654204300	ASG Y	MOA	
INSURED NAME:	THOMAS JR., WILLIAM													
1013940584	0131	013125		1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16	118.42
												CO-253	2.42	
1013940584	0131	013125		1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-253	0.31	
1013940584	0131	013125		1	99408	33		61.00	0.00	0.00	0.00	CO-97	61.00	0.00
						REM: N19								
1013940584	0131	013125		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125		1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125		1	2000F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		305.00	136.10	0.00	0.00		171.63	133.37
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	133.37
STATUS CODE 1: Processed as Primary														

NAME	WHITEMYER, CLARK			HIC	80031948400	ACNT	4603LMD642			ICN	434532203000	ASG Y	MOA	
1013940584	0131	013125		1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
												CO-253	2.44	
1013940584	0131	013125		1	99397	52		341.00	61.95	0.00	0.00	CO-45	279.05	61.95
1013940584	0131	013125		1	99214			241.68	0.00	0.00	0.00	CO-97	241.68	0.00
						REM: N19								
1013940584	0131	013125		1	G0537			34.80	17.40	0.00	0.00	CO-45	17.40	17.05
												CO-253	0.35	
1013940584	0131	013125		1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	0.00
												PR-3	5.78	
1013940584	0131	013125		1	G2211			25.00	0.00	0.00	0.00	CO-B15	25.00	0.00
1013940584	0131	013125		1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67	0.94
												CO-253	0.02	
												PR-3	4.22	
1013940584	0131	013125		1	G0442	XU		30.00	16.22	0.00	0.00	CO-45	13.78	15.90
												CO-253	0.32	
1013940584	0131	013125		1	G0444	33		29.45	16.22	0.00	0.00	CO-45	13.23	15.90
												CO-253	0.32	
1013940584	0131	013125		1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125		1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125		1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1013940584	0131	013125		1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125		1	0513F			0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125		1	1158F			0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125		1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP	10.00				CLAIM	TOTALS		1115.48	253.69	0.00	0.00		875.42	240.06
ADJ TO TOTAL: PREV PD						INTEREST		0.09		LATE FILING	CHARGE	0.00	NET	240.06
STATUS CODE 1: Processed as Primary														



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25068B1000285478

TIMOTHY J TOBOLIC MD PLLC [900068405]
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REMITTANCE
ADVICE
DATE: 2025-03-13

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Interest Owed (L6)	4313LMD642		-0.09
	Interest Owed (L6)	4555LMD642		-0.01
	Interest Owed (L6)	4318LMD642		-0.08
	Interest Owed (L6)	4319LMD642		-0.01
	Interest Owed (L6)	4602LMD642		-0.09
	Interest Owed (L6)	4603LMD642		-0.09

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	40	11684.02	5000.72	50.00	0.00	6830.11	4804.28	-0.37	4804.28

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-204 This service / equipment / drug is not covered under the patient's current benefit plan

CO-252 An attachment / other documentation is required to adjudicate this claim / service. Check Remittance Remark Codes for details.

CO-253 Sequestration - reduction in federal spending

CO-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.

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

CO-9 The diagnosis is inconsistent with the patient's age.

CO-96 Non-covered charge(s).

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

CO-B15 Payment adjusted because this service / procedure requires that a qualifying service / procedure be received and covered. The qualifying other service / procedure has not been received / adjudicated.

M29 Missing operative note / report.

M76 Missing / incomplete / invalid diagnosis or condition.

N115 This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD). An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd>, or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.

N122 Add-on code cannot be billed by itself.

N19 Procedure code incidental to primary procedure.

N59 Please refer to your provider manual for additional program and provider information.

N640 Exceeds number / frequency approved / allowed within time period.

N769 A lateral diagnosis is required.

OA-18 Duplicate claim / service.

PR-1 Deductible Amount

PR-3 Co-payment Amount



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: 2025-03-13
EFT #: 25068B1000438423
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ANDERSON, WILLOW			HIC 1101077598	ACNT 5107LMD642		ICN 435871518900	ASG Y	MOA			
1306898036	0305	030525	1 99214	25		219.00	110.16	0.00	0.00	CO-45	108.84 110.16
1306898036	0305	030525	1 97802			68.04	0.00	0.00	0.00	CO-97	68.04 0.00
REM: M15											
1306898036	0305	030525	1 G8420			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1 1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM	TOTALS		287.04	110.16	0.00	0.00		176.88 110.16
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 110.16
STATUS CODE 1: Processed as Primary											

NAME GODLEY, LYRIC			HIC 1084002022	ACNT 3903LMD642		ICN 426993520000	ASG Y	MOA			
1306898036	1014	101424	-1 99495			-396.24	-132.27	0.00	0.00	CO-45	-263.97 -132.27
1306898036	1014	101424	-1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	-1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	-1 G8476			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	-1 G8420			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	-1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	-1 G0442	XU		-30.00	0.00	0.00	0.00	CO-16	-30.00 0.00
REM: M51											
1306898036	1014	101424	-1 G0444	XU		-29.45	0.00	0.00	0.00	CO-16	-29.45 0.00
REM: M51											
1306898036	1014	101424	-1 G8431			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM	TOTALS		-455.69	-132.27	0.00	0.00		-323.42 -132.27
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET -132.27
STATUS CODE 22: Reversal of Previous Payment											

NAME GODLEY, LYRIC			HIC 1084002022	ACNT 2567LMD642		ICN 435234826400	ASG Y	MOA			
1306898036	1014	101424	1 99496	25		446.00	0.00	0.00	0.00	CO-6	446.00 0.00
1306898036	1014	101424	1 99499			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	1 96127	XU		40.00	2.98	0.00	0.00	CO-45	37.02 2.98
1306898036	1014	101424	1 96127	XU		40.00	2.98	0.00	0.00	CO-45	37.02 2.98
1306898036	1014	101424	1 97802			69.42	0.00	0.00	0.00	CO-97	69.42 0.00
REM: N19											
1306898036	1014	101424	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	1 G8476			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	1 G8420			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	1 G8431			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM	TOTALS		595.42	5.96	0.00	0.00		589.46 5.96
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 5.96
STATUS CODE 1: Processed as Primary											



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25068B1000438423

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 2 of 2

REMITTANCE
ADVICE
DATE: 2025-03-13

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	BUHMANN, TRYSTAN		HIC	94801891700	ACNT	4677LMD642			ICN	434906058000	ASG Y	MOA
1013940584	0206	020625	1	99395			297.00	104.46	0.00	0.00	CO-45	192.54
1013940584	0206	020625	1	36415			20.00	0.00	0.00	0.00	CO-16	20.00
					REM: M76							
1013940584	0206	020625	1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00
					REM: M51							
1013940584	0206	020625	1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45
					REM: M51							
1013940584	0206	020625	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0206	020625	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0206	020625	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0206	020625	1	G8431			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		376.45	104.46	0.00	0.00		271.99
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	NET
STATUS CODE 1:	Processed as Primary											

NAME	LAMBRIGHT, STEVEN		HIC	1135300177	ACNT	5101LMD642			ICN	435871518400	ASG Y	MOA
1013940584	0305	030525	1	99214	25		219.00	82.43	0.00	0.00	CO-45	136.57
1013940584	0305	030525	1	36415			20.00	7.53	0.00	0.00	CO-45	12.47
1013940584	0305	030525	1	3044F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		239.00	89.96	0.00	0.00		149.04
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	NET
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
	5	1042.22	178.27	0.00	0.00	863.95	178.27	0.00	178.27

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.
CO-6	The procedure / revenue code is inconsistent with the patient's age.
CO-97	Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
M15	Separately billed services / tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
M51	Missing / incomplete / invalid procedure code(s).
M76	Missing / incomplete / invalid diagnosis or condition.
N19	Procedure code incidental to primary procedure.



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: 2025-03-13
EFT #: 25068B1000467940
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	TUREK, JAMES		HIC 80030624300	ACNT	5049LMD642				ICN 435769267100	ASG Y	MOA
1306898036	0228	022825	1 99214			219.00	120.84	0.00	0.00	CO-45	98.16
										CO-253	2.42
1306898036	0228	022825	1 G8420			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1 1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			219.00	120.84	0.00	0.00		100.58
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 118.42
STATUS CODE 1: Processed as Primary											

NAME	MACKEY, TONYA		HIC 80026151300	ACNT	2895LMD642				ICN 417516293000	ASG Y	MOA
1013940584	1031	103124	-1 99214 25			-219.00	0.00	0.00	0.00	CO-252	-219.00
			REM: M29								0.00
1013940584	1031	103124	-1 G2211			-25.00	0.00	0.00	0.00	CO-252	-25.00
			REM: M29								0.00
1013940584	1031	103124	-1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1031	103124	-1 90656			-35.00	0.00	0.00	0.00	CO-252	-35.00
			REM: M29								0.00
1013940584	1031	103124	-1 90471			-41.00	0.00	0.00	0.00	CO-252	-41.00
			REM: M29								0.00
1013940584	1031	103124	-1 3079F			0.00	0.00	0.00	0.00		0.00
1013940584	1031	103124	-1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	1031	103124	-1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	1031	103124	-1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	1031	103124	-1 1160F			0.00	0.00	0.00	0.00		0.00
1013940584	1031	103124	-1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	1031	103124	-1 2001F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			-320.00	0.00	0.00	0.00		-320.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 22: Reversal of Previous Payment											

NAME	MACKEY, TONYA		HIC 80026151300	ACNT	2895LMD642				ICN 417516293001	ASG Y	MOA
1013940584	1031	103124	1 99214 25			219.00	123.66	0.00	0.00	CO-45	95.34
										CO-253	2.47
1013940584	1031	103124	1 G2211			25.00	16.01	0.00	0.00	CO-45	8.99
										CO-253	0.32
1013940584	1031	103124	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1031	103124	1 90656			35.00	0.00	0.00	0.00	CO-4	35.00
1013940584	1031	103124	1 90471			41.00	0.00	0.00	0.00	CO-97	41.00
1013940584	1031	103124	1 3079F			0.00	0.00	0.00	0.00		0.00
1013940584	1031	103124	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	1031	103124	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	1031	103124	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	1031	103124	1 1160F			0.00	0.00	0.00	0.00		0.00
1013940584	1031	103124	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	1031	103124	1 2001F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			320.00	139.67	0.00	0.00		183.12
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 136.88
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
	3	219.00	260.51	0.00	0.00	-36.30	255.30	0.00	255.30

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-252 An attachment / other documentation is required to adjudicate this claim / service. Check Remittance



PRIORITY HEALTH

REMITTANCE

NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC [900068405] ADVICE
EFT #: 25068B1000467940 PAGE #: 2 of 2 DATE: 2025-03-13
Remark Codes for details.
CO-253 Sequestration - reduction in federal spending
CO-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
M29 Missing operative note / report.



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 7
DATE: 2025-05-08
EFT #: 25124B1000102897
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CHASE, TAMI			HIC 94998908401	ACNT	5230LMD642			ICN 436174610700	ASG Y	MOA	
1306898036	0312	031225	-1 99396	25		-327.00	-171.02	0.00	0.00	CO-45	-171.02
1306898036	0312	031225	-1 99401			-40.00	0.00	0.00	0.00	CO-97	0.00
REM: N119											
1306898036	0312	031225	-1 G0136	33		-34.80	-26.87	0.00	0.00	CO-45	-26.87
1306898036	0312	031225	-1 G0442	XU		-30.00	0.00	0.00	0.00	CO-16	0.00
REM: M51											
1306898036	0312	031225	-1 G0444	33		-29.45	0.00	0.00	0.00	CO-16	0.00
REM: M51											
1306898036	0312	031225	-1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	-1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	-1 G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	-1 G9621			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			-461.25	-197.89	0.00	0.00		-197.89
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE		0.00	NET	-197.89
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 22: Reversal of Previous Payment											

NAME CHASE, TAMI			HIC 94998908401	ACNT	5230LMD642			ICN 436805642700	ASG Y	MOA	
1306898036	0312	031225	1 99396	25		327.00	171.02	0.00	0.00	CO-45	171.02
1306898036	0312	031225	1 99401	33		60.00	0.00	0.00	0.00	CO-97	0.00
REM: N119											
1306898036	0312	031225	1 G0447	XU		65.00	30.99	0.00	0.00	CO-45	30.99
1306898036	0312	031225	1 G0136	33		34.80	26.87	0.00	0.00	CO-45	26.87
1306898036	0312	031225	1 96160	XU		15.00	5.71	0.00	0.00	CO-45	5.71
1306898036	0312	031225	1 96127	XU		40.00	9.34	0.00	0.00	CO-45	9.34
1306898036	0312	031225	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	1 G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	1 G9621			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			541.80	243.93	0.00	0.00		243.93
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE		0.00	NET	243.93
STATUS CODE 1: Processed as Primary											

NAME FLIER, JOEL			HIC 94840278700	ACNT	6061LMD642			ICN 444688138600	ASG Y	MOA	
1306898036	0425	042525	1 99214			219.00	152.63	0.00	0.00	CO-45	122.63
PR-3											
1306898036	0425	042525	1 3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 G8420			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	30.00		CLAIM TOTALS			219.00	152.63	0.00	0.00		122.63
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE		0.00	NET	122.63
STATUS CODE 1: Processed as Primary											

NAME GODLEY, JACQUELYN			HIC 94711087500	ACNT	5495LMD642			ICN 436840869000	ASG Y	MOA	
1306898036	0326	032625	-1 98966			-25.00	0.00	0.00	0.00	CO-16	0.00
REM: N769											
PT RESP	0.00		CLAIM TOTALS			-25.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 22: Reversal of Previous Payment											

NAME GODLEY, JACQUELYN			HIC 94711087500	ACNT	5495LMD642			ICN 437070848200	ASG Y	MOA	
1306898036	0326	032625	1 98966			25.00	0.00	0.00	0.00	CO-96	0.00
REM: N448											
PT RESP	0.00		CLAIM TOTALS			25.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 1: Processed as Primary											



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25124B1000102897TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 2 of 7REMITTANCE
ADVICE
DATE: 2025-05-08

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KUIPER, JOSHUA			HIC	94965949100	ACNT	5442LMD642			ICN 436710876000	ASG Y	MOA	
1306898036	0324	032425	-3	95117			-111.00	0.00	0.00	0.00	CO-16	-111.00 0.00

REM: M76												
PT RESP	0.00		CLAIM	TOTALS			-111.00	0.00	0.00	0.00		-111.00 0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: COREWELL HEALTH EMP GRP												
STATUS CODE 22: Reversal of Previous Payment												

NAME KUIPER, JOSHUA			HIC	94965949100	ACNT	5442LMD642			ICN 437124923200	ASG Y	MOA	
1306898036	0324	032425	3	95117			111.00	17.50	17.50	0.00	CO-96	74.00 0.00

REM: N640												
PT RESP	17.50		CLAIM	TOTALS			111.00	17.50	17.50	0.00		93.50 0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: COREWELL HEALTH EMP GRP												
STATUS CODE 1: Processed as Primary												

NAME MILLSPAUGH, RUSSELL			HIC	94981800200	ACNT	5432LMD642			ICN 436710874500	ASG Y	MOA	
1306898036	0324	032425	-1	99396			-327.00	-171.02	0.00	0.00	CO-45	-155.98 -171.02
1306898036	0324	032425	-1	99214	25		-241.68	-151.33	0.00	0.00	CO-45	-90.35 -116.33

PR-3 -35.00												
1306898036	0324	032425	-1	96127	XU		-40.00	-9.34	0.00	0.00	CO-45	-30.66 -9.34
1306898036	0324	032425	-1	96160	XU		-5.30	-5.30	0.00	0.00		-5.30
1306898036	0324	032425	-1	G0136	33		-34.80	-26.87	0.00	0.00	CO-45	-7.93 -26.87
1306898036	0324	032425	-1	G0447	XU		0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	-1	99401	33		0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	-1	3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	-1	3079F			0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	-1	G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	-1	G8431			0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	-1	1036F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM	TOTALS			-648.78	-363.86	0.00	0.00		-319.92 -328.86
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET -328.86
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 22: Reversal of Previous Payment												

NAME MILLSPAUGH, RUSSELL			HIC	94981800200	ACNT	5432LMD642			ICN 436805651100	ASG Y	MOA	
1306898036	0324	032425	1	99396			327.00	171.02	0.00	0.00	CO-45	155.98 171.02
1306898036	0324	032425	1	99214	25		241.68	151.33	0.00	0.00	CO-45	90.35 116.33

PR-3 35.00												
1306898036	0324	032425	1	96127	XU		40.00	9.34	0.00	0.00	CO-45	30.66 9.34
1306898036	0324	032425	1	96160	XU		5.30	5.30	0.00	0.00		5.30
1306898036	0324	032425	1	G0136	33		34.80	26.87	0.00	0.00	CO-45	7.93 26.87
1306898036	0324	032425	1	G0447	XU		65.00	30.99	0.00	0.00	CO-45	34.01 30.99
1306898036	0324	032425	1	99401	33		65.00	0.00	0.00	0.00	CO-97	65.00 0.00
REM: N19												
1306898036	0324	032425	1	3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	1	3079F			0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	1	G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	1	G8431			0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	1	1036F			0.00	0.00	0.00	0.00		0.00
PT RESP	35.00		CLAIM	TOTALS			778.78	394.85	0.00	0.00		418.93 359.85
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 359.85
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												

NAME NGUYEN, THANG			HIC	94957631600	ACNT	6063LMD642			ICN 444843492600	ASG Y	MOA	
1306898036	0425	042525	1	99214	25		219.00	152.63	0.00	0.00	CO-45	66.37 102.63

PR-3 50.00												
1306898036	0425	042525	1	G0446	XU		65.00	31.26	0.00	0.00	CO-45	33.74 31.26
1306898036	0425	042525	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1	G8420			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1	G8427			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	50.00		CLAIM	TOTALS			284.00	183.89	0.00	0.00		150.11 133.89
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 133.89
STATUS CODE 1: Processed as Primary												



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25124B1000102897TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 3 of 7REMITTANCE
ADVANCE
DATE: 2025-05-08

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME STURM, RUSSELL				HIC	94810783700	ACNT	5234LMD642	ICN 436174611500				ASG Y	MOA	
1306898036	0312	031225	-1	99214	25			-219.00	-151.33	0.00	0.00	CO-45	-67.67	-151.33
1306898036	0312	031225	-1	99401				-40.00	-40.00	0.00	0.00			-40.00
1306898036	0312	031225	-1	36415				-20.00	-15.09	0.00	0.00	CO-45	-4.91	-15.09
1306898036	0312	031225	-1	G0447				-15.00	0.00	0.00	0.00	CO-97	-15.00	0.00

REM: N19

1306898036	0312	031225	-1	3077F				0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	-1	3079F				0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	-1	3008F				0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	-1	2001F				0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	-1	2000F				0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	-1	1000F				0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	-1	1159F				0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	-1	1160F				0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM TOTALS				-294.00	-206.42	0.00	0.00		-87.58	-206.42

ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET -206.42

STATUS CODE 22: Reversal of Previous Payment

NAME STURM, RUSSELL				HIC	94810783700	ACNT	5234LMD642	ICN 436645417500				ASG Y	MOA	
1306898036	0312	031225	1	99214	25			219.00	151.33	0.00	0.00	CO-45	67.67	151.33
1306898036	0312	031225	1	99401	33			60.00	0.00	0.00	0.00	CO-252	60.00	0.00

REM: M29

1306898036	0312	031225	1	36415				20.00	15.09	0.00	0.00	CO-45	4.91	15.09
1306898036	0312	031225	1	G0447	XU			50.00	0.00	0.00	0.00	CO-252	50.00	0.00

REM: M29

1306898036	0312	031225	1	3077F				0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	1	3079F				0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	1	3008F				0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	1	2001F				0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	1	2000F				0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	1	1000F				0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	1	1159F				0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	1	1160F				0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM TOTALS				349.00	166.42	0.00	0.00		182.58	166.42

ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 166.42

STATUS CODE 1: Processed as Primary

NAME SYTSMA, JEFFREY				HIC	94822640400	ACNT	6068LMD642	ICN 444843493800				ASG Y	MOA	
1306898036	0425	042525	1	99213	25			146.00	108.22	108.22	0.00	CO-45	37.78	0.00
1306898036	0425	042525	1	G0447	XU			65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1306898036	0425	042525	1	99401	25			65.00	54.70	0.00	0.00	CO-45	10.30	54.70
1306898036	0425	042525	1	3074F				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1	3078F				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1	G8427				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1	G8476				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1	3008F				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1	2001F				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1	2000F				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1	1000F				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1	1159F				0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1	1160F				0.00	0.00	0.00	0.00			0.00
PT RESP	108.22			CLAIM TOTALS				276.00	194.18	108.22	0.00		81.82	85.96

ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 85.96

STATUS CODE 1: Processed as Primary

NAME BRINK, MICHAEL				HIC	94723986800	ACNT	5363LMD642	ICN 436535451900				ASG Y	MOA	
1013940584	0318	031825	-1	99396				-327.00	-171.02	0.00	0.00	CO-45	-155.98	-171.02
1013940584	0318	031825	-1	99213	25			-146.00	-107.30	0.00	0.00	CO-45	-38.70	-87.30

PR-3 -20.00

1013940584	0318	031825	-1	G0136	33			-34.80	-26.87	0.00	0.00	CO-45	-7.93	-26.87
1013940584	0318	031825	-1	81003				-33.60	-2.45	0.00	0.00	CO-45	-31.15	-2.45
1013940584	0318	031825	-1	36415				-20.00	-15.09	0.00	0.00	CO-45	-4.91	-15.09
1013940584	0318	031825	-1	96127	XU			-40.00	-9.34	0.00	0.00	CO-45	-30.66	-9.34
1013940584	0318	031825	-1	96160	XU			-5.30	-5.30	0.00	0.00			-5.30
1013940584	0318	031825	-1	G0447	XU			0.00	0.00	0.00	0.00			0.00
1013940584	0318	031825	-1	99401	33			0.00	0.00	0.00	0.00			0.00
1013940584	0318	031825	-1	G8420				0.00	0.00	0.00	0.00			0.00
1013940584	0318	031825	-1	3074F				0.00	0.00	0.00	0.00			0.00
1013940584	0318	031825	-1	3079F				0.00	0.00	0.00	0.00			0.00
1013940584	0318	031825	-1	G9621				0.00	0.00	0.00	0.00			0.00
1013940584	0318	031825	-1	G8510				0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM TOTALS				-606.70	-337.37	0.00	0.00		-289.33	-317.37

ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET -317.37

STATUS CODE 22: Reversal of Previous Payment



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25124B1000102897

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 4 of 7

REMITTANCE
ADVISE
DATE: 2025-05-08

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BRINK, MICHAEL			HIC	94723986800	ACNT	5363LMD642	ICN 436805644800		ASG Y		MOA	
1013940584	0318	031825	1	99396			327.00	171.02	0.00	0.00	CO-45	171.02
1013940584	0318	031825	1	99213	25		146.00	107.30	0.00	0.00	CO-45	87.30
											PR-3	20.00
1013940584	0318	031825	1	G0136	33		34.80	26.87	0.00	0.00	CO-45	26.87
1013940584	0318	031825	1	81003			33.60	2.45	0.00	0.00	CO-45	2.45
1013940584	0318	031825	1	36415			20.00	15.09	0.00	0.00	CO-45	15.09
1013940584	0318	031825	1	96127	XU		40.00	9.34	0.00	0.00	CO-45	9.34
1013940584	0318	031825	1	96160	XU		5.30	5.30	0.00	0.00		5.30
1013940584	0318	031825	1	G0447	XU		40.00	30.99	0.00	0.00	CO-45	30.99
1013940584	0318	031825	1	99401	33		65.00	0.00	0.00	0.00	CO-97	0.00
REM: N19												
1013940584	0318	031825	1	G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	G9621			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	20.00				CLAIM TOTALS		711.70	368.36	0.00	0.00		348.36
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	348.36
STATUS CODE 1: Processed as Primary												

NAME CALEY, LYNNE			HIC	94889563801	ACNT	4485LMD642	ICN 434532200900		ASG Y		MOA	
1013940584	0129	012925	-1	G0439			-361.00	0.00	0.00	0.00	CO-16	0.00
REM: M51												
1013940584	0129	012925	-1	G2211			-25.00	0.00	0.00	0.00	CO-97	0.00
1013940584	0129	012925	-1	G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	1158F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	2000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-386.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
PLAN TYPE: COREWELL HEALTH EMP GRP												
STATUS CODE 22: Reversal of Previous Payment												

NAME CALEY, LYNNE			HIC	94889563801	ACNT	4485LMD642	ICN 434676757500		ASG Y		MOA	
1013940584	0129	012925	-1	G0439			-361.00	0.00	0.00	0.00	CO-16	0.00
REM: M51												
1013940584	0129	012925	-1	99213	25		-171.26	-107.30	0.00	0.00	CO-45	-72.30
											PR-3	-35.00
1013940584	0129	012925	-1	G0444	XU		-29.45	0.00	0.00	0.00	CO-16	0.00
REM: M51												
1013940584	0129	012925	-1	G0442	XU		-30.00	0.00	0.00	0.00	CO-16	0.00
REM: M51												
1013940584	0129	012925	-1	G2211			-25.00	0.00	0.00	0.00	CO-97	0.00
1013940584	0129	012925	-1	G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	1158F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-616.71	-107.30	0.00	0.00		-72.30
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	-72.30
PLAN TYPE: COREWELL HEALTH EMP GRP												
STATUS CODE 22: Reversal of Previous Payment												



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25124B1000102897

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 5 of 7

REMITTANCE
ADVICE
DATE: 2025-05-08

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD	
NAME CALEY, LYNNE				HIC	94889563801	ACNT	4485LMD642	ICN 436572815700		ASG	Y	MOA			
1013940584	0129	012925		1	G0439			361.00	0.00	0.00	0.00	CO-16	361.00	0.00	
							REM: M79								
1013940584	0129	012925		1	99213	25		171.26	0.00	0.00	0.00	CO-16	171.26	0.00	
							REM: M79								
1013940584	0129	012925		1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45	0.00	
							REM: M79								
1013940584	0129	012925		1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00	0.00	
							REM: M79								
1013940584	0129	012925		1	G2211			25.00	0.00	0.00	0.00	CO-16	25.00	0.00	
							REM: M79								
1013940584	0129	012925		1	G8420			0.00	0.00	0.00	0.00			0.00	
1013940584	0129	012925		1	1158F			0.00	0.00	0.00	0.00			0.00	
1013940584	0129	012925		1	1159F			0.00	0.00	0.00	0.00			0.00	
1013940584	0129	012925		1	1160F			0.00	0.00	0.00	0.00			0.00	
1013940584	0129	012925		1	1000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0129	012925		1	2001F			0.00	0.00	0.00	0.00			0.00	
1013940584	0129	012925		1	3008F			0.00	0.00	0.00	0.00			0.00	
1013940584	0129	012925		1	2000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0129	012925		1	G9622			0.00	0.00	0.00	0.00			0.00	
1013940584	0129	012925		1	G8510			0.00	0.00	0.00	0.00			0.00	
PT RESP 0.00				CLAIM TOTALS				616.71	0.00	0.00	0.00		616.71	0.00	
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE				0.00	NET	0.00
PLAN TYPE: COREWELL HEALTH EMP GRP															
STATUS CODE 1: Processed as Primary															

NAME CALEY, LYNNE				HIC	94889563801	ACNT	4485LMD642	ICN 436645413800		ASG	Y	MOA			
1013940584	0129	012925		1	G0439			361.00	0.00	0.00	0.00	CO-16	361.00	0.00	
							REM: M51								
1013940584	0129	012925		1	99213	25		171.26	107.30	0.00	0.00	CO-45	63.96	72.30	
								PR-3 35.00							
1013940584	0129	012925		1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45	0.00	
							REM: M51								
1013940584	0129	012925		1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00	0.00	
							REM: M51								
1013940584	0129	012925		1	G2211			25.00	0.00	0.00	0.00	CO-97	25.00	0.00	
1013940584	0129	012925		1	G8420			0.00	0.00	0.00	0.00			0.00	
1013940584	0129	012925		1	1158F			0.00	0.00	0.00	0.00			0.00	
1013940584	0129	012925		1	1159F			0.00	0.00	0.00	0.00			0.00	
1013940584	0129	012925		1	1160F			0.00	0.00	0.00	0.00			0.00	
1013940584	0129	012925		1	1000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0129	012925		1	2001F			0.00	0.00	0.00	0.00			0.00	
1013940584	0129	012925		1	3008F			0.00	0.00	0.00	0.00			0.00	
1013940584	0129	012925		1	2000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0129	012925		1	G9622			0.00	0.00	0.00	0.00			0.00	
1013940584	0129	012925		1	G8510			0.00	0.00	0.00	0.00			0.00	
PT RESP 35.00				CLAIM TOTALS				616.71	107.30	0.00	0.00		544.41	72.30	
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE				0.00	NET	72.30
PLAN TYPE: COREWELL HEALTH EMP GRP															
STATUS CODE 1: Processed as Primary															

NAME HOFF, BRIAN				HIC	94719893100	ACNT	6083LMD642	ICN 444843505400		ASG	Y	MOA			
1013940584	0428	042825		1	99214			219.00	152.63	0.00	0.00	CO-45	66.37	122.63	
								PR-3 30.00							
1013940584	0428	042825		1	3008F			0.00	0.00	0.00	0.00			0.00	
1013940584	0428	042825		1	2001F			0.00	0.00	0.00	0.00			0.00	
1013940584	0428	042825		1	2000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0428	042825		1	1000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0428	042825		1	1159F			0.00	0.00	0.00	0.00			0.00	
1013940584	0428	042825		1	1160F			0.00	0.00	0.00	0.00			0.00	
PT RESP 30.00				CLAIM TOTALS				219.00	152.63	0.00	0.00		96.37	122.63	
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE				0.00	NET	122.63
STATUS CODE 1: Processed as Primary															



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25124B1000102897

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 6 of 7

REMITTANCE
ADVICE
DATE: 2025-05-08

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME LEBLANC, SUSAN			HIC 94932032300		ACNT 6088LMD642		ICN 444918247700		ASG Y		MOA	
INSURED NAME: LE BLANC, SUSAN												
1013940584	0428	042825	1	99214	25		219.00	152.63	0.00	0.00	CO-45 PR-3	122.63
											66.37 30.00	
1013940584	0428	042825	1	99406			23.00	20.94	0.00	0.00	CO-45	20.94
1013940584	0428	042825	1	G3002			156.72	0.00	0.00	0.00	CO-97	0.00
											156.72	
REM: N19												
1013940584	0428	042825	1	99401	25		65.00	54.70	0.00	0.00	CO-45	54.70
1013940584	0428	042825	1	G0447	XU		65.00	31.26	0.00	0.00	CO-45	31.26
1013940584	0428	042825	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0428	042825	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0428	042825	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0428	042825	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0428	042825	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0428	042825	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	30.00				CLAIM TOTALS		528.72	259.53	0.00	0.00		229.53
ADJ TO TOTAL: PREV PD				INTEREST			0.00		LATE FILING CHARGE		0.00	299.19
STATUS CODE 1: Processed as Primary											NET	229.53

NAME SLACHTER, STEVEN			HIC 94817037400		ACNT 1768LMD642		ICN 444780869100		ASG Y		MOA	
1013940584	0819	081924	1	99395	25		297.00	0.00	0.00	0.00	CO-96	0.00
											297.00	
REM: N640												
1013940584	0819	081924	1	36415			15.00	0.00	0.00	0.00	OA-18	0.00
1013940584	0819	081924	1	96127	XU		40.00	0.00	0.00	0.00	OA-18	0.00
1013940584	0819	081924	1	96127	XU		40.00	0.00	0.00	0.00	OA-18	0.00
1013940584	0819	081924	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	2000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		392.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD				INTEREST			0.00		LATE FILING CHARGE		0.00	392.00
STATUS CODE 1: Processed as Primary											NET	0.00

NAME TIBBE, CRAIG			HIC 94715591700		ACNT 5303LMD642		ICN 436369411100		ASG Y		MOA	
1013940584	1209	120924	-1	99396	25		0.00	0.00	0.00	0.00		0.00
1013940584	1209	120924	-1	36415			-15.00	-13.98	0.00	0.00	CO-45	-13.98
1013940584	1209	120924	-1	96127	XU		-40.00	-9.34	0.00	0.00	CO-45	-9.34
1013940584	1209	120924	-1	96160	XU		-5.30	-5.30	0.00	0.00		-5.30
1013940584	1209	120924	-1	81001			-43.05	-3.32	-3.32	0.00	CO-45	0.00
1013940584	1209	120924	-1	90656			-35.00	-22.35	0.00	0.00	CO-45	-22.35
1013940584	1209	120924	-1	90471			-41.00	-28.11	0.00	0.00	CO-45	-28.11
1013940584	1209	120924	-1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1209	120924	-1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1209	120924	-1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	1209	120924	-1	G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-179.35	-82.40	-3.32	0.00		-79.08
ADJ TO TOTAL: PREV PD				INTEREST			0.00		LATE FILING CHARGE		0.00	-96.95
PLAN TYPE: WEST MI PARTNERS											NET	-79.08
STATUS CODE 22: Reversal of Previous Payment												

NAME TIBBE, CRAIG			HIC 94715591700		ACNT 5303LMD642		ICN 436876864000		ASG Y		MOA	
1013940584	1209	120924	1	99396	25		327.00	168.04	0.00	0.00	CO-45	168.04
1013940584	1209	120924	1	36415			15.00	13.98	0.00	0.00	CO-45	13.98
1013940584	1209	120924	1	96127	XU		40.00	9.34	0.00	0.00	CO-45	9.34
1013940584	1209	120924	1	96160	XU		5.30	5.30	0.00	0.00		5.30
1013940584	1209	120924	1	81001			43.05	3.32	3.32	0.00	CO-45	0.00
1013940584	1209	120924	1	90656			35.00	22.35	0.00	0.00	CO-45	22.35
1013940584	1209	120924	1	90471			41.00	28.11	0.00	0.00	CO-45	28.11
1013940584	1209	120924	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1209	120924	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1209	120924	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	1209	120924	1	G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	3.32				CLAIM TOTALS		506.35	250.44	3.32	0.00		247.12
ADJ TO TOTAL: PREV PD				INTEREST			0.00		LATE FILING CHARGE		0.00	255.91
PLAN TYPE: WEST MI PARTNERS											NET	247.12
STATUS CODE 1: Processed as Primary												



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25124B1000102897

TIMOTHY J TOBOLIC MD PLLC [900068405]
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REMITTANCE
ADVICE
DATE: 2025-05-08

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	VANDUINE, ALANN			HIC	94945352100	ACNT	6071LMD642			ICN	444843498000	ASG Y	MOA	
1013940584	0424	042425		1	99214	25		219.00	152.63	152.63	0.00	CO-45	66.37	0.00
1013940584	0424	042425		1	G0446	XU		65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1013940584	0424	042425		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425		1	3079F			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	152.63			CLAIM	TOTALS			284.00	183.89	152.63	0.00		100.11	31.26
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	31.26
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
	25	3130.98	1380.31	278.35	0.00	1890.67	961.96	0.00	961.96

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-252 An attachment / other documentation is required to adjudicate this claim / service. Check Remittance Remark Codes for details.
- CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
- CO-96 Non-covered charge(s).
- CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
- M29 Missing operative note / report.
- M51 Missing / incomplete / invalid procedure code(s).
- M76 Missing / incomplete / invalid diagnosis or condition.
- M79 Missing / incomplete / invalid charge.
- N119 This service is not paid if billed once every 28 days, and the patient has spent 5 or more consecutive days in any inpatient or Skilled /nursing Facility (SNF) within those 28 days.
- N19 Procedure code incidental to primary procedure.
- N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement
- N640 Exceeds number / frequency approved / allowed within time period.
- N769 A lateral diagnosis is required.
- OA-18 Duplicate claim / service.
- PR-1 Deductible Amount
- PR-3 Co-payment Amount



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 16
 DATE: 2025-05-08
 EFT #: 25124B1000297328
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BOUWKAMP, JOE			HIC 80026397000	ACNT 4422LMD642		ICN 434190890600	ASG Y	MOA			
1306898036	0127	012725	-1 99213			-146.00	-85.63	0.00	0.00	CO-45	-83.92
										CO-253	-1.71
1306898036	0127	012725	-1 G0442 XU			-30.00	0.00	0.00	0.00	CO-96	0.00
				REM: N640							
1306898036	0127	012725	-1 G0444 XU			-29.45	0.00	0.00	0.00	CO-96	0.00
				REM: N115							
1306898036	0127	012725	-1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0127	012725	-1 82043 QW			-14.70	-5.78	0.00	0.00	CO-45	-5.66
										CO-253	-0.12
1306898036	0127	012725	-1 82570 QW			-17.85	-5.18	0.00	0.00	CO-45	-5.08
										CO-253	-0.10
1306898036	0127	012725	-1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0127	012725	-1 3060F			0.00	0.00	0.00	0.00		0.00
1306898036	0127	012725	-1 3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0127	012725	-1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			-238.00	-96.59	0.00	0.00		-94.66
ADJ TO TOTAL: PREV PD			INTEREST			0.00				0.00	-94.66
STATUS CODE 22: Reversal of Previous Payment											

NAME BOUWKAMP, JOE			HIC 80026397000	ACNT 4422LMD642		ICN 434190890601	ASG Y	MOA			
1306898036	0127	012725	1 99213			146.00	85.63	0.00	0.00	CO-45	83.92
										CO-253	1.71
1306898036	0127	012725	1 G0442 XU			30.00	0.00	0.00	0.00	CO-96	0.00
				REM: N640							
1306898036	0127	012725	1 G0444 XU			29.45	16.22	0.00	0.00	CO-45	15.90
										CO-253	0.32
1306898036	0127	012725	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0127	012725	1 82043 QW			14.70	5.78	0.00	0.00	CO-45	5.66
										CO-253	0.12
1306898036	0127	012725	1 82570 QW			17.85	5.18	0.00	0.00	CO-45	5.08
										CO-253	0.10
1306898036	0127	012725	1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0127	012725	1 3060F			0.00	0.00	0.00	0.00		0.00
1306898036	0127	012725	1 3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0127	012725	1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			238.00	112.81	0.00	0.00		110.56
ADJ TO TOTAL: PREV PD			INTEREST			0.00				0.00	110.56
STATUS CODE 1: Processed as Primary											



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25124B1000297328

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 2 of 16

REMITTANCE
ADVICE
DATE: 2025-05-08

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CLARK, DOUGLAS					HIC 80030958800	ACNT 5043LMD642			ICN 435769266400	ASG Y	MOA	
1306898036	0228	022825	-1	G0439			-361.00	-121.85	0.00	0.00	CO-45	-119.41
											CO-253	-2.44
1306898036	0228	022825	-1	99397	52		-341.00	-61.95	0.00	0.00	CO-45	-61.95
1306898036	0228	022825	-1	99497	33		-132.00	0.00	0.00	0.00	CO-97	0.00
					REM: N19							
1306898036	0228	022825	-1	99214	25		-241.68	-120.84	0.00	0.00	CO-45	-118.42
											CO-253	-2.42
1306898036	0228	022825	-1	36415			-20.00	-9.09	0.00	0.00	CO-45	-8.91
											CO-253	-0.18
1306898036	0228	022825	-1	G2211			-25.00	-15.26	0.00	0.00	CO-45	-14.95
											CO-253	-0.31
1306898036	0228	022825	-1	82043	QW		-14.70	-5.78	0.00	0.00	CO-45	0.00
											PR-3	-5.78
1306898036	0228	022825	-1	82570	QW		-17.85	-5.18	0.00	0.00	CO-45	-0.94
											CO-253	-0.02
											PR-3	-4.22
1306898036	0228	022825	-1	G0442	XU		-30.00	0.00	0.00	0.00	CO-96	0.00
					REM: N640							
1306898036	0228	022825	-1	G0444	33		-29.45	0.00	0.00	0.00	CO-96	0.00
					REM: N115							
1306898036	0228	022825	-1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	-1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	-1	G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	-1	G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	-1	3061F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-1212.68	-339.95	0.00	0.00		-324.58
ADJ TO TOTAL: PREV PD					INTEREST		0.00				NET	-324.58
STATUS CODE 22: Reversal of Previous Payment												

NAME CLARK, DOUGLAS					HIC 80030958800	ACNT 5043LMD642			ICN 435769266401	ASG Y	MOA	
1306898036	0228	022825	1	G0439			361.00	121.85	0.00	0.00	CO-45	119.41
											CO-253	2.44
1306898036	0228	022825	1	99397	52		341.00	61.95	0.00	0.00	CO-45	61.95
1306898036	0228	022825	1	99497	33		132.00	0.00	0.00	0.00	CO-97	0.00
					REM: N19							
1306898036	0228	022825	1	99214	25		241.68	120.84	0.00	0.00	CO-45	118.42
											CO-253	2.42
1306898036	0228	022825	1	36415			20.00	9.09	0.00	0.00	CO-45	8.91
											CO-253	0.18
1306898036	0228	022825	1	G2211			25.00	15.26	0.00	0.00	CO-45	14.95
											CO-253	0.31
1306898036	0228	022825	1	82043	QW		14.70	5.78	0.00	0.00	CO-45	0.00
											PR-3	5.78
1306898036	0228	022825	1	82570	QW		17.85	5.18	0.00	0.00	CO-45	0.94
											CO-253	0.02
											PR-3	4.22
1306898036	0228	022825	1	G0442	XU		30.00	0.00	0.00	0.00	CO-96	0.00
					REM: N640							
1306898036	0228	022825	1	G0444	33		29.45	16.22	0.00	0.00	CO-45	15.90
											CO-253	0.32
1306898036	0228	022825	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	3061F			0.00	0.00	0.00	0.00		0.00
PT RESP	10.00				CLAIM TOTALS		1212.68	356.17	0.00	0.00		340.48
ADJ TO TOTAL: PREV PD					INTEREST		0.00				NET	340.48
STATUS CODE 1: Processed as Primary												



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25124B1000297328

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 3 of 16

REMITTANCE
ADVICE
DATE: 2025-05-08

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	DEERING, LORRAINE			HIC	80019392800	ACNT	5999LMD642			ICN	444962799300	ASG Y	MOA	
1306898036	0422	042225		1	G0439			361.00	0.00	0.00	0.00	CO-97	361.00	0.00
						REM: N19								
1306898036	0422	042225		1	G0136	33		65.00	17.40	0.00	0.00	CO-45	47.60	17.05
												CO-253	0.35	
1306898036	0422	042225		1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	0.00
												PR-3	5.78	
1306898036	0422	042225		1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67	0.94
												CO-253	0.02	
												PR-3	4.22	
1306898036	0422	042225		1	99397	25		341.00	0.00	0.00	0.00	CO-97	341.00	0.00
						REM: N19								
1306898036	0422	042225		1	99497	33		132.00	0.00	0.00	0.00	CO-4	132.00	0.00
1306898036	0422	042225		1	G2211			25.00	0.00	0.00	0.00	CO-97	25.00	0.00
						REM: N122								
1306898036	0422	042225		1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1306898036	0422	042225		1	G0444	XU		91.00	16.22	0.00	0.00	CO-45	74.78	15.90
												CO-253	0.32	
1306898036	0422	042225		1	G0446	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-253	0.62	
1306898036	0422	042225		1	20610	50		155.00	91.70	0.00	0.00	CO-45	63.30	89.87
												CO-253	1.83	
1306898036	0422	042225		1	G0442	XU		43.00	16.22	0.00	0.00	CO-45	26.78	15.90
												CO-253	0.32	
1306898036	0422	042225		1	G0557			94.10	0.00	0.00	0.00	CO-97	94.10	0.00
						REM: N19								
1306898036	0422	042225		1	3060F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225		1	3079F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225		1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225		1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225		1	1158F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225		1	1160F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225		1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225		1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225		1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0422	042225		1	3008F			0.00	0.00	0.00	0.00			0.00
PT RESP	10.00				CLAIM	TOTALS		1424.65	192.53	0.00	0.00		1245.76	178.89
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	178.89
STATUS CODE 1: Processed as Primary														

NAME	DEERING, LORRAINE			HIC	80019392800	ACNT	6145LMD642			ICN	444962800700	ASG Y	MOA	
1306898036	0422	042225		1	99499			0.01	0.00	0.00	0.00	CO-4	0.01	0.00
PT RESP	0.00				CLAIM	TOTALS		0.01	0.00	0.00	0.00		0.01	0.00
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary														



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25124B1000297328

TIMOTHY J TOBOLIC MD PLLC [900068405]
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REMITTANCE
ADVICE
DATE: 2025-05-08

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	GROOTERS, ELISABETH		HIC 94780313300	ACNT 5470LMD642		ICN 436805655400	ASG Y	MOA			
1306898036	0325	032525	-1 G0439		-361.00	-121.85	0.00	0.00	CO-45	-239.15	-119.41
1306898036	0325	032525	-1 99397 25		-341.00	0.00	0.00	0.00	CO-253	-2.44	
			REM: N19						CO-97	-341.00	0.00
1306898036	0325	032525	-1 99214 25		-241.68	-120.84	0.00	0.00	CO-45	-120.84	-118.42
1306898036	0325	032525	-1 G2211		-25.00	-15.26	0.00	0.00	CO-253	-2.42	
									CO-45	-9.74	-14.95
1306898036	0325	032525	-1 99497 33		-132.00	-77.66	0.00	0.00	CO-253	-0.31	
									CO-45	-54.34	-76.11
1306898036	0325	032525	-1 82043 QW		-14.70	-5.78	0.00	0.00	CO-253	-1.55	
									CO-45	-8.92	0.00
1306898036	0325	032525	-1 82570 QW		-17.85	-5.18	0.00	0.00	PR-3	-5.78	
									CO-45	-12.67	-0.94
									CO-253	-0.02	
1306898036	0325	032525	-1 G0442 XU		-30.00	0.00	0.00	0.00	PR-3	-4.22	
			REM: N640						CO-96	-30.00	0.00
1306898036	0325	032525	-1 G0444 XU		-29.45	0.00	0.00	0.00			
			REM: N115								
1306898036	0325	032525	-1 G0136 33		-34.80	-17.40	0.00	0.00	CO-96	-29.45	0.00
									CO-45	-17.40	-17.05
									CO-253	-0.35	
1306898036	0325	032525	-1 3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0325	032525	-1 3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0325	032525	-1 G8417		0.00	0.00	0.00	0.00			0.00
1306898036	0325	032525	-1 G9621		0.00	0.00	0.00	0.00			0.00
1306898036	0325	032525	-1 G8510		0.00	0.00	0.00	0.00			0.00
1306898036	0325	032525	-1 3061F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		-1227.48	-363.97	0.00	0.00		-880.60	-346.88
ADJ TO TOTAL: PREV PD			INTEREST		0.00					NET	-346.88
STATUS CODE 22: Reversal of Previous Payment											

NAME	GROOTERS, ELISABETH		HIC 94780313300	ACNT 5470LMD642		ICN 436805655401	ASG Y	MOA			
1306898036	0325	032525	1 G0439		361.00	121.85	0.00	0.00	CO-45	239.15	119.41
									CO-253	2.44	
1306898036	0325	032525	1 99397 25		341.00	0.00	0.00	0.00	CO-97	341.00	0.00
			REM: N19								
1306898036	0325	032525	1 99214 25		241.68	120.84	0.00	0.00	CO-45	120.84	118.42
									CO-253	2.42	
1306898036	0325	032525	1 G2211		25.00	15.26	0.00	0.00	CO-45	9.74	14.95
									CO-253	0.31	
1306898036	0325	032525	1 99497 33		132.00	77.66	0.00	0.00	CO-45	54.34	76.11
									CO-253	1.55	
1306898036	0325	032525	1 82043 QW		14.70	5.78	0.00	0.00	CO-45	8.92	0.00
									PR-3	5.78	
1306898036	0325	032525	1 82570 QW		17.85	5.18	0.00	0.00	CO-45	12.67	0.94
									CO-253	0.02	
									PR-3	4.22	
1306898036	0325	032525	1 G0442 XU		30.00	0.00	0.00	0.00	CO-96	30.00	0.00
			REM: N640								
1306898036	0325	032525	1 G0444 XU		29.45	16.22	0.00	0.00	CO-45	13.23	15.90
									CO-253	0.32	
1306898036	0325	032525	1 G0136 33		34.80	17.40	0.00	0.00	CO-45	17.40	17.05
									CO-253	0.35	
1306898036	0325	032525	1 3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0325	032525	1 3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0325	032525	1 G8417		0.00	0.00	0.00	0.00			0.00
1306898036	0325	032525	1 G9621		0.00	0.00	0.00	0.00			0.00
1306898036	0325	032525	1 G8510		0.00	0.00	0.00	0.00			0.00
1306898036	0325	032525	1 3061F		0.00	0.00	0.00	0.00			0.00
PT RESP	10.00		CLAIM TOTALS		1227.48	380.19	0.00	0.00		864.70	362.78
ADJ TO TOTAL: PREV PD			INTEREST		0.00					NET	362.78
STATUS CODE 1: Processed as Primary											



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25124B1000297328

TIMOTHY J TOBOLIC MD PLLC [900068405]
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REMITTANCE
ADVICE
DATE: 2025-05-08

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME HERR, DAVID				HIC	94770462400	ACNT	449LMD642			ICN	404281371700	ASG Y	MOA	
1306898036	0603	060324		-1	99215			-295.00	-174.57	0.00	0.00	CO-45	-120.43	-171.08
1306898036	0603	060324		-1	G2211			-25.00	-16.01	0.00	0.00	CO-253	-3.49	-15.69
1306898036	0603	060324		-1	G0442	XU		-30.00	0.00	0.00	0.00	CO-253	-8.99	
						REM: N640						CO-96	-0.32	
1306898036	0603	060324		-1	G0444	XU		-29.45	0.00	0.00	0.00	CO-96	-30.00	0.00
						REM: N115								
1306898036	0603	060324		-1	G9621			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060324		-1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060324		-1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060324		-1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060324		-1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060324		-1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060324		-1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060324		-1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060324		-1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060324		-1	1160F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060324		-1	2001F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM TOTALS				-379.45	-190.58	0.00	0.00		-192.68	-186.77
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	-186.77
STATUS CODE 22: Reversal of Previous Payment														

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME HERR, DAVID				HIC	94770462400	ACNT	449LMD642			ICN	404281371701	ASG Y	MOA	
1306898036	0603	060324		1	99215			295.00	174.57	0.00	0.00	CO-45	120.43	171.08
1306898036	0603	060324		1	G2211			25.00	16.01	0.00	0.00	CO-253	3.49	15.69
1306898036	0603	060324		1	G0442	XU		30.00	0.00	0.00	0.00	CO-45	8.99	
						REM: N640						CO-253	0.32	
1306898036	0603	060324		1	G0444	XU		29.45	0.00	0.00	0.00	CO-96	30.00	0.00
						REM: N640						CO-96	29.45	0.00
1306898036	0603	060324		1	G9621			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060324		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060324		1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060324		1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060324		1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060324		1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060324		1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060324		1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060324		1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060324		1	1160F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060324		1	2001F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM TOTALS				379.45	190.58	0.00	0.00		192.68	186.77
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	186.77
STATUS CODE 1: Processed as Primary														



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25124B1000297328

TIMOTHY J TOBOLIC MD PLLC [900068405]
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REMITTANCE
ADVICE
DATE: 2025-05-08

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	HESSELINK, RICHARD			HIC	80022742600	ACNT	6014LMD642			ICN	444918246500	ASG Y	MOA	
1306898036	0423	042325		1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
1306898036	0423	042325		1	99397	25		341.00	0.00	0.00	0.00	CO-253	2.44	
						REM: N19						CO-97	341.00	0.00
1306898036	0423	042325		1	99497	33		132.00	77.66	0.00	0.00	CO-45	54.34	76.11
1306898036	0423	042325		1	G0136	33		65.00	17.40	0.00	0.00	CO-253	1.55	
												CO-45	47.60	17.05
1306898036	0423	042325		1	G2211			25.00	0.00	0.00	0.00	CO-253	0.35	
						REM: N122						CO-97	25.00	0.00
1306898036	0423	042325		1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
1306898036	0423	042325		1	G0444	XU		91.00	16.22	0.00	0.00	CO-253	0.18	
												CO-45	74.78	15.90
1306898036	0423	042325		1	G0442	XU		43.00	16.22	0.00	0.00	CO-253	0.32	
												CO-45	26.78	15.90
1306898036	0423	042325		1	G0446	XU		65.00	30.94	0.00	0.00	CO-253	0.32	
												CO-45	34.06	30.32
1306898036	0423	042325		1	36415			20.00	9.09	0.00	0.00	CO-253	0.62	
												CO-45	10.91	8.91
1306898036	0423	042325		1	G0557			94.10	0.00	0.00	0.00	CO-253	0.18	
						REM: N19						CO-97	94.10	0.00
1306898036	0423	042325		1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	5.66
1306898036	0423	042325		1	82570	QW		17.85	5.18	0.00	0.00	CO-253	0.12	
												CO-45	12.67	5.08
												CO-253	0.10	
1306898036	0423	042325		1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0423	042325		1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0423	042325		1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0423	042325		1	1158F			0.00	0.00	0.00	0.00			0.00
1306898036	0423	042325		1	1160F			0.00	0.00	0.00	0.00			0.00
1306898036	0423	042325		1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0423	042325		1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0423	042325		1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0423	042325		1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0423	042325		1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			1289.65	309.43	0.00	0.00		986.40	303.25
ADJ TO TOTAL: PREV PD					INTEREST			0.00					NET	303.25
STATUS CODE 1: Processed as Primary														

NAME	RITTER, EILEEN			HIC	94726890700	ACNT	478LMD642			ICN	404281372700	ASG Y	MOA	
1306898036	0604	060424		-1	99213			-143.93	-87.51	0.00	0.00	CO-45	-56.42	-85.76
1306898036	0604	060424		-1	G2211			-25.00	-16.01	0.00	0.00	CO-253	-1.75	
												CO-45	-8.99	-15.69
												CO-253	-0.32	
1306898036	0604	060424		-1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0604	060424		-1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0604	060424		-1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0604	060424		-1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0604	060424		-1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0604	060424		-1	G0444	XU		-29.45	0.00	0.00	0.00	CO-96	-29.45	0.00
						REM: N115								
1306898036	0604	060424		-1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0604	060424		-1	G0442	XU		-30.00	0.00	0.00	0.00	CO-96	-30.00	0.00
						REM: N640								
1306898036	0604	060424		-1	1160F			0.00	0.00	0.00	0.00			0.00
1306898036	0604	060424		-1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0604	060424		-1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0604	060424		-1	1159F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			-228.38	-103.52	0.00	0.00		-126.93	-101.45
ADJ TO TOTAL: PREV PD					INTEREST			0.00					NET	-101.45
STATUS CODE 22: Reversal of Previous Payment														



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25124B1000297328

TIMOTHY J TOBOLIC MD PLLC [900068405]
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REMITTANCE
ADVICE
DATE: 2025-05-08

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME RITTER, EILEEN			HIC	94726890700	ACNT	478LMD642	ICN 404281372701		ASG Y		MOA	
1306898036	0604	060424	1	99213			143.93	87.51	0.00	0.00	CO-45	56.42
											CO-253	1.75
1306898036	0604	060424	1	G2211			25.00	16.01	0.00	0.00	CO-45	8.99
											CO-253	0.32
1306898036	0604	060424	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0604	060424	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0604	060424	1	G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0604	060424	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0604	060424	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0604	060424	1	G0444	XU		29.45	17.91	0.00	0.00	CO-45	11.54
											CO-253	0.36
1306898036	0604	060424	1	1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0604	060424	1	G0442	XU		30.00	0.00	0.00	0.00	CO-96	30.00
REM: N640												
1306898036	0604	060424	1	1160F			0.00	0.00	0.00	0.00		0.00
1306898036	0604	060424	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0604	060424	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0604	060424	1	1159F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		228.38	121.43	0.00	0.00		109.38
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												119.00

NAME TOBOLIC, RUSSELL			HIC	94787073500	ACNT	5441LMD642	ICN 436710875900		ASG Y		MOA	
1306898036	0324	032425	-1	99213	25		-146.00	-85.63	0.00	0.00	CO-45	-60.37
											CO-253	-1.71
1306898036	0324	032425	-1	G0446	XU		-61.88	-30.94	0.00	0.00	CO-45	-30.94
											CO-253	-0.62
1306898036	0324	032425	-1	G0444	XU		-29.45	0.00	0.00	0.00	CO-96	-29.45
REM: N115												
1306898036	0324	032425	-1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	-1	3079F			0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	-1	1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	-1	G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-237.33	-116.57	0.00	0.00		-123.09
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET
STATUS CODE 22: Reversal of Previous Payment												-114.24

NAME TOBOLIC, RUSSELL			HIC	94787073500	ACNT	5441LMD642	ICN 436710875901		ASG Y		MOA	
1306898036	0324	032425	1	99213	25		146.00	85.63	0.00	0.00	CO-45	60.37
											CO-253	1.71
1306898036	0324	032425	1	G0446	XU		61.88	30.94	0.00	0.00	CO-45	30.94
											CO-253	0.62
1306898036	0324	032425	1	G0444	XU		29.45	16.22	0.00	0.00	CO-45	13.23
											CO-253	0.32
1306898036	0324	032425	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	1	3079F			0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	1	1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	1	G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		237.33	132.79	0.00	0.00		107.19
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												130.14

NAME YURGAITIS, ELAINE			HIC	94767396900	ACNT	6113LMD642	ICN 444918248300		ASG Y		MOA	
1306898036	0430	043025	1	98966			25.00	0.00	0.00	0.00	CO-96	25.00
REM: N59												
PT RESP	0.00				CLAIM TOTALS		25.00	0.00	0.00	0.00		25.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												0.00



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25124B1000297328

TIMOTHY J TOBOLIC MD PLLC [900068405]
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REMITTANCE
ADVICE
DATE: 2025-05-08

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ZOMERLEI, CARL			HIC	94789421300	ACNT	5394LMD642			ICN	436572816600	ASG Y	MOA
1306898036	0319	031925	-1	99214	25		-219.00	-120.84	0.00	0.00	CO-45	-118.42
											-98.16	
1306898036	0319	031925	-1	96127	XU		-40.00	-4.21	0.00	0.00	CO-253	-2.42
											-35.79	-4.13
1306898036	0319	031925	-1	G0446			-61.88	0.00	0.00	0.00	CO-253	-0.08
											CO-97	-61.88
1306898036	0319	031925	-1	G2211			-25.00	-15.26	0.00	0.00	CO-45	-9.74
											CO-253	-0.31
1306898036	0319	031925	-1	3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	-1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	-1	G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	-1	3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	-1	3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00						-345.88	-140.31	0.00	0.00		-208.38
ADJ TO TOTAL: PREV PD							0.00				0.00	-137.50
STATUS CODE 22: Reversal of Previous Payment												

NAME ZOMERLEI, CARL			HIC	94789421300	ACNT	5394LMD642			ICN	436876864900	ASG Y	MOA
1306898036	0319	031925	1	99214	25		219.00	120.84	0.00	0.00	CO-45	118.42
											CO-253	2.42
1306898036	0319	031925	1	96127	XU		40.00	4.21	0.00	0.00	CO-45	4.13
											CO-253	0.08
1306898036	0319	031925	1	G0446	XU		61.88	0.00	0.00	0.00	CO-252	0.00
1306898036	0319	031925	1	G2211			25.00	15.26	0.00	0.00	CO-45	14.95
											CO-253	0.31
1306898036	0319	031925	1	3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	1	G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	1	3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	1	3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00						345.88	140.31	0.00	0.00		208.38
ADJ TO TOTAL: PREV PD							0.14				0.00	137.50
STATUS CODE 1: Processed as Primary												

NAME BAAS, PHILIP			HIC	80037953000	ACNT	5333LMD642			ICN	436490814600	ASG Y	MOA
1013940584	1218	121824	-1	99397			-341.00	0.00	0.00	0.00	CO-16	0.00
1013940584	1218	121824	-1	99214	25		-219.00	0.00	0.00	0.00	CO-16	0.00
1013940584	1218	121824	-1	96127	XU		-40.00	-4.33	0.00	0.00	CO-45	-4.24
											CO-253	-0.09
1013940584	1218	121824	-1	96160	XU		-5.30	0.00	0.00	0.00	CO-B15	0.00
1013940584	1218	121824	-1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	1218	121824	-1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1218	121824	-1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	1218	121824	-1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	1218	121824	-1	1158F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00						-605.30	-4.33	0.00	0.00		-601.06
ADJ TO TOTAL: PREV PD							0.00				0.00	-4.24
STATUS CODE 22: Reversal of Previous Payment												

NAME BAAS, PHILIP			HIC	80037953000	ACNT	5333LMD642			ICN	436876864200	ASG Y	MOA
1013940584	1218	121824	1	99397	25		341.00	0.00	0.00	0.00	CO-16	0.00
1013940584	1218	121824	1	99214	25		219.00	0.00	0.00	0.00	CO-16	0.00
1013940584	1218	121824	1	96127	XU		40.00	4.33	0.00	0.00	CO-45	4.24
											CO-253	0.09
1013940584	1218	121824	1	96160	XU		5.30	0.00	0.00	0.00	CO-B15	0.00
1013940584	1218	121824	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	1218	121824	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1218	121824	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	1218	121824	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	1218	121824	1	1158F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00						605.30	4.33	0.00	0.00		601.06
ADJ TO TOTAL: PREV PD							0.01				0.00	4.24
STATUS CODE 1: Processed as Primary												



PRIORITY HEALTH

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REMITTANCE
ADVICE
DATE: 2025-05-08

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME FELLOWS, SHERYL			HIC	80024439600	ACNT	6096LMD642	ICN 444843509100		ASG Y		MOA	
1013940584	0429	042925	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15
											CO-253	2.44
1013940584	0429	042925	1	99497	33		132.00	77.66	0.00	0.00	CO-45	54.34
											CO-253	1.55
1013940584	0429	042925	1	99214	25		219.00	0.00	0.00	0.00	CO-16	219.00
						REM: N769						
1013940584	0429	042925	1	G2211			25.00	0.00	0.00	0.00	CO-16	25.00
						REM: MA63						
1013940584	0429	042925	1	G0136	33		65.00	17.40	0.00	0.00	CO-45	47.60
											CO-253	0.35
1013940584	0429	042925	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91
											CO-253	0.18
1013940584	0429	042925	1	G0444	XU		91.00	16.22	0.00	0.00	CO-45	74.78
											CO-253	0.32
1013940584	0429	042925	1	G0442	XU		43.00	16.22	0.00	0.00	CO-45	26.78
											CO-253	0.32
1013940584	0429	042925	1	0513F			0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	1	1158F			0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	1	2010F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		956.00	258.44	0.00	0.00		702.72
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												253.28

NAME HARKEMA, MARY			HIC	80021514300	ACNT	6116LMD642	ICN 444918249800		ASG Y		MOA	
1013940584	0430	043025	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15
											CO-253	2.44
1013940584	0430	043025	1	99214	25		241.68	120.84	0.00	0.00	CO-45	120.84
											CO-253	2.42
1013940584	0430	043025	1	99497	33		132.00	77.66	0.00	0.00	CO-45	54.34
											CO-253	1.55
1013940584	0430	043025	1	G0136	33		65.00	17.40	0.00	0.00	CO-45	47.60
											CO-253	0.35
1013940584	0430	043025	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91
											CO-253	0.18
1013940584	0430	043025	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74
											CO-253	0.31
1013940584	0430	043025	1	G0444	XU		91.00	16.22	0.00	0.00	CO-45	74.78
											CO-253	0.32
1013940584	0430	043025	1	G0442	XU		43.00	16.22	0.00	0.00	CO-45	26.78
											CO-253	0.32
1013940584	0430	043025	1	G0447	XU		65.00	0.00	0.00	0.00	CO-16	65.00
						REM: MA63						
1013940584	0430	043025	1	1158F			0.00	0.00	0.00	0.00		0.00
1013940584	0430	043025	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0430	043025	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0430	043025	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0430	043025	1	1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0430	043025	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0430	043025	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0430	043025	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0430	043025	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0430	043025	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0430	043025	1	2010F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		1043.68	394.54	0.00	0.00		657.03
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												386.65

NAME HARKEMA, MARY			HIC	80021514300	ACNT	6128LMD642	ICN 444962800600		ASG Y		MOA	
1013940584	0430	043025	1	99499			0.01	0.00	0.00	0.00	CO-96	0.01
PT RESP	0.00				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
STATUS CODE 1: Processed as Primary												0.00



PRIORITY HEALTH

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REMITTANCE
ADVICE
DATE: 2025-05-08

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HOBSON, LUCKY				HIC	80020493100	ACNT	544LMD642			ICN 414085378600	ASG Y MOA	
1013940584	0607	060724	-1	99215	25		-295.00	-174.57	0.00	0.00	CO-45	-120.43
											CO-253	-3.49
1013940584	0607	060724	-1	93000			-71.00	-13.72	0.00	0.00	CO-45	-57.28
											CO-253	-0.27
1013940584	0607	060724	-1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	G0444	XU		-29.45	0.00	0.00	0.00	CO-96	-29.45
					REM: N115							
1013940584	0607	060724	-1	G0442	XU		-30.00	0.00	0.00	0.00	CO-96	-30.00
					REM: N640							
PT RESP	0.00				CLAIM TOTALS		-425.45	-188.29	0.00	0.00		-240.92
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 22: Reversal of Previous Payment												

NAME HOBSON, LUCKY		HIC 80020493100	ACNT 544LMD642	ICN 414085378601	ASG Y	MOA	
1013940584	0607 060724	1 99215 25	295.00 174.57	0.00 0.00	CO-45	120.43	171.08
					CO-253	3.49	
1013940584	0607 060724	1 93000	71.00 13.72	0.00 0.00	CO-45	57.28	13.45
					CO-253	0.27	
1013940584	0607 060724	1 G9622	0.00 0.00	0.00 0.00			0.00
1013940584	0607 060724	1 G8510	0.00 0.00	0.00 0.00			0.00
1013940584	0607 060724	1 3078F	0.00 0.00	0.00 0.00			0.00
1013940584	0607 060724	1 3074F	0.00 0.00	0.00 0.00			0.00
1013940584	0607 060724	1 1159F	0.00 0.00	0.00 0.00			0.00
1013940584	0607 060724	1 1036F	0.00 0.00	0.00 0.00			0.00
1013940584	0607 060724	1 2000F	0.00 0.00	0.00 0.00			0.00
1013940584	0607 060724	1 3008F	0.00 0.00	0.00 0.00			0.00
1013940584	0607 060724	1 1000F	0.00 0.00	0.00 0.00			0.00
1013940584	0607 060724	1 2001F	0.00 0.00	0.00 0.00			0.00
1013940584	0607 060724	1 1160F	0.00 0.00	0.00 0.00			0.00
1013940584	0607 060724	1 G0444 XU	29.45 0.00	0.00 0.00	CO-96	29.45	0.00
		REM: N640					
1013940584	0607 060724	1 G0442 XU	30.00 0.00	0.00 0.00	CO-96	30.00	0.00
		REM: N640					
PT RESP	0.00	CLAIM TOTALS	425.45 188.29	0.00 0.00		240.92	184.53
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE FILING CHARGE	0.00	NET	184.53
STATUS CODE 1: Processed as Primary							

NAME HUYSER, MELVIN			HIC 94832701900	ACNT 5083LMD642	ICN 435769270200		ASG Y	MOA			
1013940584	0304	030425	-1 99215 25		-295.00	-169.85	0.00	0.00	CO-45	-125.15	-166.45
									CO-253	-3.40	
1013940584	0304	030425	-1 G2211		-25.00	-15.26	0.00	0.00	CO-45	-9.74	-14.95
									CO-253	-0.31	
1013940584	0304	030425	-1 93000		-71.00	-13.33	0.00	0.00	CO-45	-57.67	-13.06
									CO-253	-0.27	
1013940584	0304	030425	-1 82043 QW		-14.70	0.00	0.00	0.00	CO-16	-14.70	0.00
			REM: M76								
1013940584	0304	030425	-1 82570 QW		-17.85	0.00	0.00	0.00	CO-16	-17.85	0.00
			REM: M76								
1013940584	0304	030425	-1 G0442 XU		-30.00	0.00	0.00	0.00	CO-96	-30.00	0.00
			REM: N640								
1013940584	0304	030425	-1 G0444 33		-29.45	0.00	0.00	0.00	CO-96	-29.45	0.00
			REM: N115								
1013940584	0304	030425	-1 G9622		0.00	0.00	0.00	0.00			0.00
1013940584	0304	030425	-1 G8510		0.00	0.00	0.00	0.00			0.00
1013940584	0304	030425	-1 1036F		0.00	0.00	0.00	0.00			0.00
1013940584	0304	030425	-1 3074F		0.00	0.00	0.00	0.00			0.00
1013940584	0304	030425	-1 3078F		0.00	0.00	0.00	0.00			0.00
1013940584	0304	030425	-1 3061F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		-483.00	-198.44	0.00	0.00		-288.54	-194.46
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	-194.46
STATUS CODE 22: Reversal of Previous Payment											



PRIORITY HEALTH

NPI #: 1982923660
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TIMOTHY J TOBOLIC MD PLLC [900068405]
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REMITTANCE
ADVICE
DATE: 2025-05-08

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HUYSER, MELVIN			HIC 94832701900	ACNT 5083LMD642	ICN 435769270201		ASG Y		MOA		
1013940584	0304	030425	1 99215 25			295.00	169.85	0.00	0.00	CO-45	125.15
										CO-253	3.40
1013940584	0304	030425	1 G2211			25.00	15.26	0.00	0.00	CO-45	9.74
										CO-253	0.31
1013940584	0304	030425	1 93000			71.00	13.33	0.00	0.00	CO-45	57.67
										CO-253	0.27
1013940584	0304	030425	1 82043 QW			14.70	5.78	0.00	0.00	CO-45	8.92
										PR-3	5.78
1013940584	0304	030425	1 82570 QW			17.85	5.18	0.00	0.00	CO-45	12.67
										CO-253	0.02
										PR-3	4.22
1013940584	0304	030425	1 G0442 XU			30.00	0.00	0.00	0.00	CO-96	30.00
				REM: N640							
1013940584	0304	030425	1 G0444 33			29.45	16.22	0.00	0.00	CO-45	13.23
										CO-253	0.32
1013940584	0304	030425	1 G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	1 G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	1 1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	1 3061F			0.00	0.00	0.00	0.00		0.00
PT RESP	10.00		CLAIM TOTALS			483.00	225.62	0.00	0.00		271.70
ADJ TO TOTAL: PREV PD			INTEREST			0.00					NET
STATUS CODE 1: Processed as Primary											211.30

NAME JAGER, ROLAND			HIC 94839334300	ACNT 4282LMD642	ICN 427480007000		ASG Y		MOA		
1013940584	0120	012025	-1 99215 25			-349.14	-169.85	0.00	0.00	CO-45	-179.29
										CO-253	-3.40
1013940584	0120	012025	-1 G2211			-25.00	-15.26	0.00	0.00	CO-45	-9.74
										CO-253	-0.31
1013940584	0120	012025	-1 36415			-20.00	0.00	0.00	0.00	CO-16	-20.00
				REM: M76							
1013940584	0120	012025	-1 G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0120	012025	-1 G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0120	012025	-1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0120	012025	-1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0120	012025	-1 1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0120	012025	-1 2028F			0.00	0.00	0.00	0.00		0.00
1013940584	0120	012025	-1 G0442 XU			-30.00	0.00	0.00	0.00	CO-96	-30.00
				REM: N640							
1013940584	0120	012025	-1 G0444 XU			-29.45	0.00	0.00	0.00	CO-96	-29.45
				REM: N115							
PT RESP	0.00		CLAIM TOTALS			-453.59	-185.11	0.00	0.00		-272.19
ADJ TO TOTAL: PREV PD			INTEREST			0.00					NET
STATUS CODE 22: Reversal of Previous Payment											-181.40

NAME JAGER, ROLAND			HIC 94839334300	ACNT 4282LMD642	ICN 427480007001		ASG Y		MOA		
1013940584	0120	012025	1 99215 25			349.14	169.85	0.00	0.00	CO-45	179.29
										CO-253	3.40
1013940584	0120	012025	1 G2211			25.00	15.26	0.00	0.00	CO-45	9.74
										CO-253	0.31
1013940584	0120	012025	1 36415			20.00	9.09	0.00	0.00	CO-45	10.91
										CO-253	0.18
1013940584	0120	012025	1 G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0120	012025	1 G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0120	012025	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0120	012025	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0120	012025	1 1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0120	012025	1 2028F			0.00	0.00	0.00	0.00		0.00
1013940584	0120	012025	1 G0442 XU			30.00	0.00	0.00	0.00	CO-96	30.00
				REM: N640							
1013940584	0120	012025	1 G0444 XU			29.45	16.22	0.00	0.00	CO-45	13.23
										CO-253	0.32
PT RESP	0.00		CLAIM TOTALS			453.59	210.42	0.00	0.00		247.38
ADJ TO TOTAL: PREV PD			INTEREST			0.00					NET
STATUS CODE 1: Processed as Primary											206.21



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25124B1000297328

TIMOTHY J TOBOLIC MD PLLC [900068405]
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REMITTANCE
ADVICE
DATE: 2025-05-08

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	KNOBLOCH, PATRICIA			HIC	94883440400	ACNT	6109LMD642			ICN	444843516700	ASG Y	MOA	
1013940584	0429	042925		1	99214	25		219.00	0.00	0.00	0.00	CO-16	219.00	0.00
							REM: N769							
1013940584	0429	042925		1	G2211			25.00	0.00	0.00	0.00	CO-16	25.00	0.00
							REM: N769							
1013940584	0429	042925		1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-253	0.62	
												CO-204	65.00	0.00
1013940584	0429	042925		1	99401	25		65.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		374.00	30.94	0.00	0.00		343.68	30.32
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	30.32
STATUS CODE 1: Processed as Primary														

NAME	LOTT, BARRY			HIC	94828553300	ACNT	6101LMD642			ICN	444962800800	ASG Y	MOA	
1013940584	0429	042925		1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
												CO-253	2.44	
1013940584	0429	042925		1	99497	33		132.00	77.66	0.00	0.00	CO-45	54.34	76.11
												CO-253	1.55	
1013940584	0429	042925		1	99214	25		241.68	120.84	0.00	0.00	CO-45	120.84	118.42
												CO-253	2.42	
1013940584	0429	042925		1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-253	0.31	
1013940584	0429	042925		1	G0136	33		65.00	17.40	0.00	0.00	CO-45	47.60	17.05
												CO-253	0.35	
1013940584	0429	042925		1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1013940584	0429	042925		1	G0444	XU		91.00	16.22	0.00	0.00	CO-45	74.78	15.90
												CO-253	0.32	
1013940584	0429	042925		1	G0442	XU		43.00	16.22	0.00	0.00	CO-45	26.78	15.90
												CO-253	0.32	
1013940584	0429	042925		1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	5.66
												CO-253	0.12	
1013940584	0429	042925		1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67	5.08
												CO-253	0.10	
1013940584	0429	042925		1	G0446			65.00	0.00	0.00	0.00	CO-97	65.00	0.00
							REM: N19							
1013940584	0429	042925		1	1158F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	2010F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	3060F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		1076.23	405.50	0.00	0.00		678.84	397.39
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	397.39
STATUS CODE 1: Processed as Primary														

NAME	LOTT, BARRY			HIC	94828553300	ACNT	6152LMD642			ICN	444962801100	ASG Y	MOA	
1013940584	0429	042925		1	99499			0.01	0.00	0.00	0.00	CO-96	0.01	0.00
							REM: N59							
PT RESP	0.00					CLAIM TOTALS		0.01	0.00	0.00	0.00		0.01	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary														



REMITTANCE
ADVICE
DATE: 2025-05-08

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME MERREN, CATHERINE					HIC	80037743500	ACNT	6093LMD642			ICN 444843506600	ASG Y	MOA	
1013940584	0410	041025		1	99214	25		219.00	0.00	0.00	0.00	CO-97	219.00	0.00
REM: N19														
1013940584	0410	041025		1	99483	25		300.00	255.86	0.00	0.00	CO-45	44.14	250.74
													CO-253	5.12
1013940584	0410	041025		1	83036	QW		60.90	9.71	0.00	0.00	CO-45	51.19	9.52
													CO-253	0.19
1013940584	0410	041025		1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
													CO-253	0.62
1013940584	0410	041025		1	99401	25		65.00	0.00	0.00	0.00	CO-204	65.00	0.00
1013940584	0410	041025		1	G2211			25.00	0.00	0.00	0.00	CO-B15	25.00	0.00
1013940584	0410	041025		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0410	041025		1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0410	041025		1	3046F			0.00	0.00	0.00	0.00			0.00
1013940584	0410	041025		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0410	041025		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0410	041025		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0410	041025		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0410	041025		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0410	041025		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		734.90	296.51	0.00	0.00		444.32	290.58
ADJ TO TOTAL: PREV PD								0.00		LATE FILING CHARGE		0.00	NET	290.58
STATUS CODE 1: Processed as Primary														

NAME PORRITT, TIMOTHY	HIC 80021437400	ACNT 6076LMD642	ICN 444843499100	ASG Y	MOA	
1013940584 0428 042825	1 99214 25	219.00 120.84	0.00 0.00	CO-45	98.16	118.42
				CO-253	2.42	
1013940584 0428 042825	1 82043 QW	14.70 5.78	0.00 0.00	CO-45	8.92	0.00
				PR-3	5.78	
1013940584 0428 042825	1 82570 QW	17.85 5.18	0.00 0.00	CO-45	12.67	0.94
				CO-253	0.02	
				PR-3	4.22	
1013940584 0428 042825	1 G0446 XU	65.00 30.94	0.00 0.00	CO-45	34.06	30.32
				CO-253	0.62	
1013940584 0428 042825	1 G2211	25.00 15.26	0.00 0.00	CO-45	9.74	14.95
				CO-253	0.31	
1013940584 0428 042825	1 3075F	0.00 0.00	0.00 0.00			0.00
1013940584 0428 042825	1 3078F	0.00 0.00	0.00 0.00			0.00
1013940584 0428 042825	1 3061F	0.00 0.00	0.00 0.00			0.00
1013940584 0428 042825	1 3008F	0.00 0.00	0.00 0.00			0.00
1013940584 0428 042825	1 2001F	0.00 0.00	0.00 0.00			0.00
1013940584 0428 042825	1 2000F	0.00 0.00	0.00 0.00			0.00
1013940584 0428 042825	1 1000F	0.00 0.00	0.00 0.00			0.00
1013940584 0428 042825	1 1159F	0.00 0.00	0.00 0.00			0.00
1013940584 0428 042825	1 1160F	0.00 0.00	0.00 0.00			0.00
PT RESP 10.00	CLAIM TOTALS	341.55 178.00	0.00 0.00		176.92	164.63
ADJ TO TOTAL: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET	164.63
STATUS CODE 1: Processed as Primary						

NAME SPAAK, ALVA	HIC 94761885900	ACNT 6089LMD642	ICN 444843520500	ASG Y	MOA
INSURED NAME: SPAAK, ALENE					
1013940584 0424 042425	1 99215 25	295.00 169.85	0.00 0.00	CO-45	125.15 166.45
				CO-253	3.40
1013940584 0424 042425	1 G2211	25.00 15.26	0.00 0.00	CO-45	9.74 14.95
				CO-253	0.31
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	320.00 185.11	0.00 0.00		138.60 181.40
ADJ TO TOTAL: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET 181.40
STATUS CODE 1: Processed as Primary					

NAME SPAAK, ALVA	HIC 94761885900	ACNT 6115LMD642	ICN 444843522100	ASG Y	MOA				
INSURED NAME: SPAAK, ALENE									
1013940584 0424 042425	1 99499		0.01	0.00	0.00	0.00	CO-96	0.01	0.00
		REM: N59							
PT RESP 0.00	CLAIM TOTALS		0.01	0.00	0.00	0.00		0.01	0.00
ADJ TO TOTAL: PREV PD	INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary									

PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25124B1000297328

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 14 of 16

REMITTANCE
ADVICE
DATE: 2025-05-08

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME TILMA, DAVID				HIC	80022284400	ACNT	6079LMD642	ICN 444843502100		ASG Y		MOA		
1013940584	0428	042825		1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16	118.42
1013940584	0428	042825		1	G2211			25.00	15.26	0.00	0.00	CO-253	2.42	
1013940584	0428	042825		1	36415			20.00	9.09	0.00	0.00	CO-45	9.74	14.95
1013940584	0428	042825		1	3074F			0.00	0.00	0.00	0.00	CO-253	0.31	
1013940584	0428	042825		1	3078F			0.00	0.00	0.00	0.00	CO-45	10.91	8.91
1013940584	0428	042825		1	3044F			0.00	0.00	0.00	0.00	CO-253	0.18	
1013940584	0428	042825		1	2028F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP 0.00				CLAIM TOTALS				264.00	145.19	0.00	0.00		121.72	142.28
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	142.28	
STATUS CODE 1: Processed as Primary														

NAME TUINSTRA, JOHN				HIC	94737085000	ACNT	6107LMD642	ICN 444843514000		ASG Y		MOA		
1013940584	0429	042925		1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16	118.42
1013940584	0429	042925		1	G2211			25.00	15.26	0.00	0.00	CO-253	2.42	
1013940584	0429	042925		1	G0444	XU		29.45	16.22	0.00	0.00	CO-45	9.74	14.95
1013940584	0429	042925		1	G8510			0.00	0.00	0.00	0.00	CO-253	0.31	
1013940584	0429	042925		1	G8420			0.00	0.00	0.00	0.00	CO-45	13.23	15.90
1013940584	0429	042925		1	3074F			0.00	0.00	0.00	0.00	CO-253	0.32	
1013940584	0429	042925		1	1220F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0429	042925		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP 0.00				CLAIM TOTALS				273.45	152.32	0.00	0.00		124.18	149.27
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	149.27	
STATUS CODE 1: Processed as Primary														

NAME VANDERHAAR, MARILYN				HIC	80035313900	ACNT	6078LMD642	ICN 444843500900		ASG Y		MOA		
INSURED NAME: VANDER HAAR, MARILYN														
1013940584	0428	042825		1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16	118.42
1013940584	0428	042825		1	G2211			25.00	15.26	0.00	0.00	CO-253	2.42	
1013940584	0428	042825		1	99401	25		65.00	0.00	0.00	0.00	CO-45	9.74	14.95
1013940584	0428	042825		1	G0447	XU		65.00	30.94	0.00	0.00	CO-253	0.31	
1013940584	0428	042825		1	36415			20.00	9.09	0.00	0.00	CO-204	65.00	0.00
1013940584	0428	042825		1	3074F			0.00	0.00	0.00	0.00	CO-45	34.06	30.32
1013940584	0428	042825		1	3079F			0.00	0.00	0.00	0.00	CO-253	0.62	
1013940584	0428	042825		1	3008F			0.00	0.00	0.00	0.00	CO-45	10.91	8.91
1013940584	0428	042825		1	2001F			0.00	0.00	0.00	0.00	CO-253	0.18	
1013940584	0428	042825		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP 0.00				CLAIM TOTALS				394.00	176.13	0.00	0.00		221.40	172.60
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	172.60	
STATUS CODE 1: Processed as Primary														



PRIORITY HEALTH

NPI #: 1982923660
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TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 15 of 16

REMITTANCE
ADVICE
DATE: 2025-05-08

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME VANORDER, JOAN				HIC	94758062700	ACNT	6103LMD642	ICN 444843511600				ASG Y	MOA	
1013940584	0324	032425		1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16	118.42
												CO-253	2.42	
1013940584	0324	032425		1	G0557			94.10	0.00	0.00	0.00	CO-97	94.10	0.00
							REM: N19							
1013940584	0324	032425		1	69209	LT		29.00	13.93	0.00	0.00	CO-45	15.07	13.65
												CO-253	0.28	
1013940584	0324	032425		1	G0447	XU		65.00	0.00	0.00	0.00	CO-96	65.00	0.00
							REM: N115							
1013940584	0324	032425		1	99401	25		0.00	0.00	0.00	0.00			0.00
1013940584	0324	032425		1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-253	0.31	
1013940584	0324	032425		1	99406			23.00	0.00	0.00	0.00	CO-97	23.00	0.00
							REM: N19							
1013940584	0324	032425		1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-253	0.31	
1013940584	0324	032425		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0324	032425		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0324	032425		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0324	032425		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0324	032425		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0324	032425		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		480.10	165.29	0.00	0.00		318.13	161.97
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	161.97
STATUS CODE 1: Processed as Primary														

NAME VANSINGEL, DALE				HIC	80013170100	ACNT	6114LMD642	ICN 444918249400				ASG Y	MOA	
1013940584	0424	042425		1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16	118.42
												CO-253	2.42	
1013940584	0424	042425		1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-253	0.31	
1013940584	0424	042425		1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1013940584	0424	042425		1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-253	0.62	
1013940584	0424	042425		1	99401	25		65.00	0.00	0.00	0.00	CO-204	65.00	0.00
1013940584	0424	042425		1	G0446	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-253	0.62	
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		459.00	207.07	0.00	0.00		256.08	202.92
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	202.92
STATUS CODE 1: Processed as Primary														

NAME WARD, NANCY				HIC	80028971100	ACNT	6119LMD642	ICN 444918251400				ASG Y	MOA	
1013940584	0430	043025		1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16	118.42
												CO-253	2.42	
1013940584	0430	043025		1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-253	0.31	
1013940584	0430	043025		1	G0444	XU		29.45	16.22	0.00	0.00	CO-45	13.23	15.90
												CO-253	0.32	
1013940584	0430	043025		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0430	043025		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0430	043025		1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0430	043025		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0430	043025		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0430	043025		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0430	043025		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0430	043025		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0430	043025		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		273.45	152.32	0.00	0.00		124.18	149.27
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	149.27
STATUS CODE 1: Processed as Primary														



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25124B1000297328

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 16 of 16

REMITTANCE
ADVICE
DATE: 2025-05-08

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WENSINK, DAVID			HIC	80037467400	ACNT	5000LMD642		ICN	435530832002	ASG Y	MOA
1013940584	1223	122324	1	99214 25		247.32	123.66	0.00	0.00	CO-45	123.66
										CO-253	2.47
1013940584	1223	122324	1	G0296		30.00	26.97	0.00	0.00	CO-45	3.03
										CO-253	0.54
1013940584	1223	122324	1	81001		43.05	0.00	0.00	0.00	OA-18	43.05
1013940584	1223	122324	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			320.37	150.63	0.00	0.00		172.75
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary											147.62

NAME WESTHOUSE, LUCILLE			HIC	94788704000	ACNT	6080LMD642		ICN	444843504100	ASG Y	MOA
1013940584	0428	042825	1	99214 25		219.00	0.00	0.00	0.00	CO-16	219.00
			REM: N769								
1013940584	0428	042825	1	G2211		25.00	0.00	0.00	0.00	CO-16	25.00
			REM: N769								
1013940584	0428	042825	1	G0446 XU		65.00	30.94	0.00	0.00	CO-45	34.06
										CO-253	0.62
1013940584	0428	042825	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0428	042825	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0428	042825	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0428	042825	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0428	042825	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0428	042825	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			309.00	30.94	0.00	0.00		278.68
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary											30.32

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Interest Owed (L6)	5394LMD642		-0.14
	Interest Owed (L6)	5333LMD642		-0.01

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	44	10359.07	3566.17	0.00	0.00	6893.63	3465.59	-0.15	3465.59

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-204 This service / equipment / drug is not covered under the patient's current benefit plan

CO-252 An attachment / other documentation is required to adjudicate this claim / service. Check Remittance Remark Codes for details.

CO-253 Sequestration - reduction in federal spending

CO-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.

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

CO-96 Non-covered charge(s).

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

CO-B15 Payment adjusted because this service / procedure requires that a qualifying service / procedure be received and covered. The qualifying other service / procedure has not been received / adjudicated.

M29 Missing operative note / report.

M76 Missing / incomplete / invalid diagnosis or condition.

MA63 Missing / incomplete / invalid principal diagnosis.

N115 This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD).An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd>, or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.

N122 Add-on code cannot be billed by itself.

N19 Procedure code incidental to primary procedure.

N59 Please refer to your provider manual for additional program and provider information.

N640 Exceeds number / frequency approved / allowed within time period.

N769 A lateral diagnosis is required.

OA-18 Duplicate claim / service.

PR-3 Co-payment Amount



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: 2025-05-08
EFT #: 25124B1000453299
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME FARMER, RHETT			HIC 1219515011		ACNT 6110LMD642	ICN 444843519000			ASG Y	MOA	
1013940584	0429	042925	1	99393		270.00	93.49	0.00	0.00	CO-45	93.49
1013940584	0429	042925	1	G8420		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			270.00	93.49	0.00	0.00		93.49
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 93.49
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
	1	270.00	93.49	0.00	0.00	176.51	93.49	0.00	93.49

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

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



HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601
(000)000-0000
APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [941242]
7740 BYRON CENTER AVE SW STE 2

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-05-08
EFT #: 158592724250509
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME NGUYEN, THU					HIC	H75000193	ACNT 5925LMD642			ICN 820251140629866	ASG Y MOA	
1306898036	0418	041825	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	G8420		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	G9622		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	1158F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	G0439		361.00	121.85	0.00	0.00	CO-253 2.44 CO-45 239.15	119.41
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	99397	25	341.00	125.61	0.00	0.00	CO-253 2.51 CO-45 215.39	123.10
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	99497	33	132.00	77.66	0.00	0.00	CO-253 1.55 CO-45 54.34	76.11
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	36415		20.00	9.09	0.00	0.00	CO-253 0.18 CO-45 10.91	8.91
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	G0136	XU	34.80	17.40	0.00	0.00	CO-253 0.35 CO-45 17.40	17.05
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	G0444	XU	91.00	16.22	0.00	0.00	CO-253 0.32 CO-45 74.78	15.90
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	G0442	XU	43.00	16.22	0.00	0.00	CO-253 0.32 CO-45 26.78	15.90
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	G0446	XU	30.00	0.00	0.00	0.00	CO-236 30.00	0.00
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	G0557		94.10	47.05	0.00	0.00	CO-253 0.94 CO-45 47.05	46.11
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-253 0.12 CO-45 8.92	5.66
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-253 0.10 CO-45 12.67	5.08
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	1160F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	1036F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0418	041825	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
PT RESP		0.00			CLAIM	TOTALS	1179.45	442.06	0.00	0.00	746.22	433.23
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	433.23
PLAN TYPE: MEDICARE ADVANTAGE HMO											NET	
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
	1	1179.45	442.06	0.00	0.00	746.22	433.23	0.00	433.23



HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601
(000)000-0000
APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948

REMITTANCE
ADVICE

2 of 2

BYRON CENTER FAMILY MEDICINE [941242]
7740 BYRON CENTER AVE SW STE 2

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #:
DATE: 2025-05-08
EFT #: 158592724250509
TAX ID #: 272620668

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-236 This procedure or procedure / modifier combination is not compatible with another procedure or procedure / modifier combination provided on the same day according to the National Correct Coding Initiative.
CO-253 Sequestration - reduction in federal spending
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.



UNITEDHEALTHCARE COMMUNITY PLAN INC DUAL []
MICHIGAN
KINGSTON, NY 124025290
(844)368-6885

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD
7740 BYRON CENTER AVE SW STE 202

BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-03-17
NONPAY #: 25072B1000335527
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD				
NAME CROSS, RHONDA L					HIC 126558801	ACNT 4984LMD642			ICN 25D565268700		ASG Y	MOA	M115	M76	N122	N620
1306898036	0225	022525	11	1	G0439		-361.00	0.00	0.00	0.00	CO-45	-239.15			0.00	
			(M1)			REM: M115					PR-242	-121.85				
1306898036	0225	022525	11	1	99214	25	-241.68	0.00	0.00	0.00	CO-16	-241.68			0.00	
			(M2)			REM: M76										
1306898036	0225	022525	11	1	G0442	XU	-30.00	0.00	0.00	0.00	CO-45	-13.78			0.00	
			(M3)			REM: M115					PR-242	-16.22				
1306898036	0225	022525	11	1	G0444	XU	-29.45	0.00	0.00	0.00	CO-45	-13.23			0.00	
			(M4)			REM: M115					PR-242	-16.22				
1306898036	0225	022525	11	1	82043	QW	-14.70	0.00	0.00	0.00	CO-45	-8.92			0.00	
			(M5)			REM: M115					PR-242	-5.78				
1306898036	0225	022525	11	1	82570	QW	-17.85	0.00	0.00	0.00	CO-45	-12.67			0.00	
			(M6)			REM: M115					PR-242	-5.18				
1306898036	0225	022525	11	1	G2211		-25.00	0.00	0.00	0.00	CO-97	-25.00			0.00	
			(M7)			REM: N122										
1306898036	0225	022525	11	1	3074F		0.00	0.00	0.00	0.00					0.00	
			(M8)			REM: N620										
1306898036	0225	022525	11	1	3078F		0.00	0.00	0.00	0.00					0.00	
			(M9)			REM: N620										
1306898036	0225	022525	11	1	G9622		0.00	0.00	0.00	0.00					0.00	
			(M10)			REM: N620										
1306898036	0225	022525	11	1	G8510		0.00	0.00	0.00	0.00					0.00	
			(M11)			REM: N620										
1306898036	0225	022525	11	1	3061F		0.00	0.00	0.00	0.00					0.00	
			(M12)			REM: N620										
PT RESP		0.00			CLAIM TOTALS		-719.68	0.00	0.00	0.00		-719.68			0.00	
ADJ TO TOTAL: PREV PD					INTEREST		0.00	LATE FILING CHARGE			0.00	NET	0.00			
PLAN TYPE: MI UNITEDHEALTHCARE DUAL COMPLETE HMOPOS H2247-001																
STATUS CODE 22: Reversal of Previous Payment																

NAME CROSS, RHONDA L	HIC 126558801	ACNT 4984LMD642	ICN 25D565268701	ASG Y	MOA	M115	N122	N620
1306898036 0225 022525 11	1 G0439	361.00	0.00	0.00	0.00	CO-45	239.15	0.00
(M1)	REM: M115					PR-242	121.85	
1306898036 0225 022525 11	1 99214 25	241.68	0.00	0.00	0.00	CO-45	120.84	0.00
(M2)	REM: M115					PR-242	120.84	
1306898036 0225 022525 11	1 G0442 XU	30.00	0.00	0.00	0.00	CO-45	13.78	0.00
(M3)	REM: M115					PR-242	16.22	
1306898036 0225 022525 11	1 G0444 XU	29.45	0.00	0.00	0.00	CO-45	13.23	0.00
(M4)	REM: M115					PR-242	16.22	
1306898036 0225 022525 11	1 82043 QW	14.70	0.00	0.00	0.00	CO-45	8.92	0.00
(M5)	REM: M115					PR-242	5.78	
1306898036 0225 022525 11	1 82570 QW	17.85	0.00	0.00	0.00	CO-45	12.67	0.00
(M6)	REM: M115					PR-242	5.18	
1306898036 0225 022525 11	1 G2211	25.00	0.00	0.00	0.00	CO-97	25.00	0.00
(M7)	REM: N122							
1306898036 0225 022525 11	1 3074F	0.00	0.00	0.00	0.00			0.00
(M8)	REM: N620							
1306898036 0225 022525 11	1 3078F	0.00	0.00	0.00	0.00			0.00
(M9)	REM: N620							
1306898036 0225 022525 11	1 G9622	0.00	0.00	0.00	0.00			0.00
(M10)	REM: N620							
1306898036 0225 022525 11	1 G8510	0.00	0.00	0.00	0.00			0.00
(M11)	REM: N620							
1306898036 0225 022525 11	1 3061F	0.00	0.00	0.00	0.00			0.00
(M12)	REM: N620							
PT RESP 286.09	CLAIM TOTALS	719.68	0.00	0.00	0.00		719.68	0.00
ADJ TO TOTAL: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET		0.00	
PLAN TYPE: MI UNITEDHEALTHCARE DUAL COMPLETE HMOPOS H2247-001								
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



NPI #: 1982923660

TIMOTHY J TOBOLIC MD

ADVICE

NONPAY #: 25072B1000335527

PAGE #: 2 of 2

DATE: 2025-03-17

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.

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

M115 This item is denied when provided to this patient by a non-contract or non-demonstration supplier.

M76 Missing / incomplete / invalid diagnosis or condition.

N122 Add-on code cannot be billed by itself.

N620 Alert: This procedure code is for quality reporting / informational purposes only.

PR-242 Services not provided by network / primary care providers.

UNITED HEALTHCARE INSURANCE COMPANY []
 4 RESEARCH DRIVE
 SHELTON, CT 064846282
 (877)842-3210

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-03-06
 EFT #: 37006281
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ATSMA, HOWARD				HIC	99487073600	ACNT	4496LMD642		ICN	EX04869153	ASG Y	MOA
1013940584	0130	013025	11	0	99397		341.00	126.06	0.00	0.00	CO-45	214.94
1013940584	0130	013025	11	0	G0444 XU 33		29.45	21.05	0.00	0.00	CO-45	8.40
1013940584	0130	013025	11	0	G0442 XU		30.00	21.05	0.00	0.00	CO-45	8.95
1013940584	0130	013025	11	0	3074F		0.00	0.00	0.00	0.00		0.00
						REM: N525						
1013940584	0130	013025	11	0	3078F		0.00	0.00	0.00	0.00		0.00
						REM: N525						
1013940584	0130	013025	11	0	G9622		0.00	0.00	0.00	0.00		0.00
						REM: N525						
1013940584	0130	013025	11	0	G8510		0.00	0.00	0.00	0.00		0.00
						REM: N525						
PT RESP		0.00			CLAIM TOTALS		400.45	168.16	0.00	0.00		232.29
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
PLAN TYPE: CHOICE EPO												
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	400.45	168.16	0.00	0.00	232.29	168.16	0.00	168.16

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N525 These services are not covered when performed within the global period of another service.



UNITED HEALTHCARE INSURANCE COMPANY []
 4 RESEARCH DRIVE
 SHELTON, CT 064846282
 (877)797-8819

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-05-08
 EFT #: 39285088
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KIENAST, JULIE				HIC	12351933500	ACNT	6062LMD642		ICN	FC03912551	ASG Y	MOA
1306898036	0425	042525	11	0	99396	25	327.00	130.20	0.00	0.00	CO-45	130.20
1306898036	0425	042525	11	0	G0136	33	34.80	20.27	0.00	0.00	CO-45	20.27
1306898036	0425	042525	11	0	G0442	XU	30.00	19.02	0.00	0.00	CO-45	19.02
1306898036	0425	042525	11	0	G0444	XU	29.45	19.02	0.00	0.00	CO-45	19.02
1306898036	0425	042525	11	0	G8476		0.00	0.00	0.00	0.00		0.00
REM: N525												
1306898036	0425	042525	11	0	G8420		0.00	0.00	0.00	0.00		0.00
REM: N525												
1306898036	0425	042525	11	0	G8427		0.00	0.00	0.00	0.00		0.00
REM: N525												
1306898036	0425	042525	11	0	G8510		0.00	0.00	0.00	0.00		0.00
REM: N525												
1306898036	0425	042525	11	0	G9622		0.00	0.00	0.00	0.00		0.00
REM: N525												
PT RESP		0.00	CLAIM TOTALS				421.25	188.51	0.00	0.00	232.74	188.51
ADJ TO TOTAL: PREV PD			INTEREST				0.00		LATE FILING CHARGE		0.00	188.51
PLAN TYPE: CHOICE EPO												
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	421.25	188.51	0.00	0.00	232.74	188.51	0.00	188.51

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N525 These services are not covered when performed within the global period of another service.



WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
(866)234-7331

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-12
NONPAY #: 393439469
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DEKLEINE, JOHN C					HIC 4Q52PV4CY22	ACNT 5129LMD642			ICN 1825066633782		ASG Y	MOA MA15
1013940584	0306	030625	11	1	3008F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0306	030625	11	1	2001F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0306	030625	11	1	1000F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0306	030625	11	1	1159F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0306	030625	11	1	1160F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0306	030625	11	1	3075F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0306	030625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0306	030625	11	1	3060F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
PT RESP	0.00				CLAIM TOTALS		0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 1: Processed as Primary												

NAME STANHOPE, GEORGE A					HIC 3P65RM9DJ52	ACNT 5141LMD642			ICN 1825066633812		ASG Y	MOA MA15
1013940584	0306	030625	11	1	3074F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0306	030625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0306	030625	11	1	3008F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0306	030625	11	1	2001F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0306	030625	11	1	1000F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0306	030625	11	1	1159F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0306	030625	11	1	1160F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
PT RESP	0.00				CLAIM TOTALS		0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

MA130 Your claim contains incomplete and / or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete / correct information.
MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
N517 Resubmit a new claim with the requested information.



UNITED HEALTHCARE INSURANCE COMPANY []
 9900 BREN ROAD
 MINNETONKA, MN 553439664
 (877)842-3210

REMITTANCE
 ADVICE

TIMOTHY J TOBOLIC MD PLLC
 7740 BYRON CENTER AVE SW STE 2
 BYRON CENTER, MI 493156929

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-03-03
 NONPAY #: S6442351
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME THOMAS, WILLIAM M			HIC 912691337		ACNT 4604LMD642		ICN STL3497814400			ASG Y	MOA	
INSURED NAME: THOMAS JR, WILLIAM M												
1013940584	0131	013125	11	1	99214	25	219.00	219.00	0.00	0.00	PR-26	219.00 0.00
1013940584	0131	013125	11	1	G2211		25.00	25.00	0.00	0.00	PR-26	25.00 0.00
1013940584	0131	013125	11	1	99408		61.00	61.00	0.00	0.00	PR-26	61.00 0.00
1013940584	0131	013125	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0131	013125	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0131	013125	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0131	013125	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0131	013125	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0131	013125	11	1	2000F		0.00	0.00	0.00	0.00		0.00
PT RESP		305.00			CLAIM TOTALS		305.00	305.00	0.00	0.00		305.00 0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: AARP MEDICARE ADVANTAGE												
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	305.00	305.00	0.00	0.00	305.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 PR-26 Expenses incurred prior to coverage.



UNITED HEALTHCARE INSURANCE COMPANY []
 HEALTH CARE ACCOUNT SERVICE CENTER
 EL PASO, TX 799981506
 (866)314-0335

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-03-19
 EFT #: SG15564517
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KEENA, SARAH J			HIC 916321068	ACNT	5147LMD642			ICN 088789072604	ASG Y	MOA MA15 N520	
1013940584	0307	030725	99	1	99396	327.00	0.00	0.00	0.00	OA-23	327.00 0.00
1013940584	0307	030725	99	1	99214 25	241.68	51.44	0.00	0.00	OA-23	190.24 51.44
1013940584	0307	030725	99	1	36415	20.00	1.26	0.00	0.00	OA-23	18.74 1.26
1013940584	0307	030725	99	1	99406 XU	27.06	0.00	0.00	0.00	OA-23	27.06 0.00
1013940584	0307	030725	99	1	96127 XU	40.00	0.00	0.00	0.00	OA-23	40.00 0.00
1013940584	0307	030725	99	1	96127 XU	40.00	6.06	0.00	0.00	OA-23	33.94 6.06
PT RESP		0.00			CLAIM TOTALS	695.74	58.76	0.00	0.00		636.98 58.76
ADJ TO TOTAL: PREV PD					INTEREST	0.00		LATE FILING CHARGE		0.00	NET 58.76
STATUS CODE 2: Processed as Secondary											

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	695.74	58.76	0.00	0.00	636.98	58.76	0.00	58.76

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
 N520 Alert: Payment made from a Consumer Spending Account.
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments



UNITED HEALTHCARE INSURANCE COMPANY []
 9900 BREN ROAD
 MINNETONKA, MN 553439664
 (877)842-3210

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-05-08
 EFT #: T2452477
 TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	ZEAGLER, CARL R					HIC 996975784	ACNT 5851LMD642				ICN OEB3637486000	ASG Y MOA		
1306898036	0415	041525	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.42
												CO-253	2.43	
1306898036	0415	041525	11	1	99397	25		341.00	125.61	0.00	0.00	CO-45	215.39	123.10
												CO-253	2.51	
1306898036	0415	041525	11	1	99497	33		132.00	77.66	0.00	0.00	CO-45	54.34	76.11
												CO-253	1.55	
1306898036	0415	041525	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1306898036	0415	041525	11	1	G2211			25.00	0.00	0.00	0.00	PI-97	25.00	0.00
						REM: N122								
1306898036	0415	041525	11	1	G0136	XU		65.00	17.40	0.00	0.00	CO-45	47.60	17.06
												CO-253	0.34	
1306898036	0415	041525	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1306898036	0415	041525	11	1	G0444	XU		91.00	16.22	0.00	0.00	CO-45	74.78	15.90
												CO-253	0.32	
1306898036	0415	041525	11	1	G0442	XU		43.00	16.22	0.00	0.00	CO-45	26.78	15.90
												CO-253	0.32	
1306898036	0415	041525	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.33
												CO-253	0.61	
1306898036	0415	041525	11	1	99401	25		0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	G0446	XU		61.88	30.94	0.00	0.00	CO-45	30.94	30.33
												CO-253	0.61	
1306898036	0415	041525	11	1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	5.67
												CO-253	0.11	
1306898036	0415	041525	11	1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67	5.08
												CO-253	0.10	
1306898036	0415	041525	11	1	1158F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	3060F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		1257.43	465.98	0.00	0.00		800.71	456.72
ADJ TO TOTAL: PREV PD						INTEREST		0.00					NET	456.72
PLAN TYPE: AT&TINC.														
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
	1	1257.43	465.98	0.00	0.00	800.71	456.72	0.00	456.72

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-253 Sequestration - reduction in federal spending
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 N122 Add-on code cannot be billed by itself.
 PI-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated



UNITED HEALTHCARE INSURANCE COMPANY []
 9900 BREN ROAD
 MINNETONKA, MN 553439664
 (877)842-3210

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-03-12
 EFT #: W315882342
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KEENA, DANIEL K			HIC 975771157		ACNT	4936LMD642	ICN EX65485289		0135237071		ASG Y	MOA MA15
1013940584	0221	022125	11	1	99396	25	327.00	112.48	0.00	0.00	CO-45	214.52 112.48
1013940584	0221	022125	11	1	36415		20.00	1.26	0.00	0.00	CO-45	18.74 1.26
PT RESP		0.00			CLAIM TOTALS		347.00	113.74	0.00	0.00		233.26 113.74
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE	0.00		NET	113.74
PLAN TYPE: CHOYC												
STATUS CODE 1: Processed as Primary												

NAME KEENA, DANIEL K			HIC 975771157		ACNT	4936LMD642	ICN EX65485289		0135237083		ASG Y	MOA MA15
1013940584	0221	022125	11	1	96127	XU	40.00	6.06	0.00	0.00	CO-45	33.94 6.06
1013940584	0221	022125	11	1	36415		40.00	6.06	0.00	0.00		33.94 6.06
PT RESP		0.00			CLAIM TOTALS		40.00	6.06	0.00	0.00		33.94 6.06
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE	0.00		NET	6.06
PLAN TYPE: CHOYC												
STATUS CODE 1: Processed as Primary												

NAME FENNEMA, NICHOLAS R			HIC 939020586		ACNT	4813LMD642	ICN EX71029083		0225034667		ASG Y	MOA MA15
1013940584	0217	021725	11	1	99396		327.00	112.48	0.00	0.00	CO-45	214.52 112.48
1013940584	0217	021725	11	1	36415		20.00	1.26	0.00	0.00	CO-45	18.74 1.26
PT RESP		0.00			CLAIM TOTALS		347.00	113.74	0.00	0.00		233.26 113.74
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE	0.00		NET	113.74
PLAN TYPE: CHOYC												
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Overpayment Recovery (WO)		20241204	3398LMD642	2.38

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	734.00	233.54	0.00	0.00	500.46	231.16	2.38	231.16

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

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

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.



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 9900 BREN ROAD
 MINNETONKA, MN 553439664
 (877)842-3210

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-03-12
 NONPAY #: W315882343
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KEENA, DANIEL K			HIC 975771157		ACNT	4936LMD642			ICN EX65485289	0135237077	ASG Y MOA MA15
1013940584	0221	022125	11	1 3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0221	022125	11	1 3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0221	022125	11	1 G9621		0.00	0.00	0.00	0.00		0.00
1013940584	0221	022125	11	1 G8510		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: CHOYC											
STATUS CODE 1: Processed as Primary											

NAME KEENA, DANIEL K			HIC 975771157		ACNT	4936LMD642			ICN EX65485289	0135237085	ASG Y MOA MA15
1013940584	0221	022125	11	1 96127 XU		40.00	6.06	6.06	0.00	CO-45	33.94 0.00
PT RESP		6.06	CLAIM TOTALS			40.00	6.06	6.06	0.00		33.94 0.00
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: CHOYC											
STATUS CODE 1: Processed as Primary											

NAME FENNEMA, NICHOLAS R			HIC 939020586		ACNT	4813LMD642			ICN EX71029083	0225034674	ASG Y MOA MA15
1013940584	0217	021725	11	1 3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0217	021725	11	1 3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0217	021725	11	1 3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0217	021725	11	1 2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0217	021725	11	1 2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0217	021725	11	1 1000F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: CHOYC											
STATUS CODE 1: Processed as Primary											

NAME FENNEMA, NICHOLAS R			HIC 939020586		ACNT	4813LMD642			ICN EX71029083	0225034682	ASG Y MOA MA15
1013940584	0217	021725	11	1 1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0217	021725	11	1 1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: CHOYC											
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
	4	40.00	6.06	6.06	0.00	33.94	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
 PR-1 Deductible Amount



UNITED HEALTHCARE INSURANCE COMPANY []
 9900 BREN ROAD
 MINNETONKA, MN 553439664
 (877)842-3210

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-03-12
 EFT #: W315882344
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	WARBER, LUKE J				HIC 902523568	ACNT	5080LMD642			ICN EX97955071	0078782902	ASG Y MOA MA15
1013940584	0303	030325	11	1	99395		297.00	102.68	0.00	0.00	CO-45	194.32 102.68
1013940584	0303	030325	11	1	99213 25		146.00	34.11	0.00	10.23	CO-45	111.89 23.88
PT RESP	10.23				CLAIM TOTALS		443.00	136.79	0.00	10.23		306.21 126.56
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 126.56
PLAN TYPE: NEX OA												
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
	1	443.00	136.79	0.00	10.23	306.21	126.56	0.00	126.56

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
 PR-2 Coinsurance Amount



UNITED HEALTHCARE INSURANCE COMPANY []
 9900 BREN ROAD
 MINNETONKA, MN 553439664
 (877)842-3210

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-03-12
 NONPAY #: W315882345
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	WARBER, LUKE J				HIC 902523568	ACNT 5080LMD642				ICN EX97955071	0078782906	ASG Y MOA MA15
1013940584	0303	030325	11	1	0513F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	11	1	1000F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: NEX OA												
STATUS CODE 1: Processed as Primary												

NAME	WARBER, LUKE J				HIC 902523568	ACNT 5080LMD642				ICN EX97955071	0078782909	ASG Y MOA MA15
1013940584	0303	030325	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	11	1	3077F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: NEX OA												
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.



UNITED HEALTHCARE INSURANCE COMPANY []
 9900 BREN ROAD
 MINNETONKA, MN 553439664
 (877)842-3210

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202

BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-03-19
 EFT #: W316634232
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	NATIVIDAD, ALLEN J		HIC	925506298	ACNT	5091LMD642			ICN	EY06993866	0140570326	ASG Y MOA MA15
	1013940584	0304 030425	11	1	99214		219.00	102.87	0.00	0.00	CO-45	116.13 72.87
											PR-3	30.00
PT RESP	30.00				CLAIM TOTALS		219.00	102.87	0.00	0.00		146.13 72.87
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 72.87
PLAN TYPE: CHOYC+												
STATUS CODE 1:	Processed as Primary											

NAME	KEENA, SARAH J		HIC	916321068	ACNT	5147LMD642			ICN	EY18534707	0124570556	ASG Y MOA MA15 N367
	1013940584	0307 030725	11	1	99396		327.00	112.48	0.00	0.00	CO-45	214.52 112.48
	1013940584	0307 030725	11	1	99214 25		241.68	51.44	51.44	0.00	CO-45	190.24 0.00
	1013940584	0307 030725	11	1	36415		20.00	1.26	1.26	0.00	CO-45	18.74 0.00
	1013940584	0307 030725	11	1	99406 XU		27.06	0.00	0.00	0.00	CO-4	27.06 0.00
	1013940584	0307 030725	11	1	96127 XU		40.00	6.06	0.00	0.00	CO-45	33.94 6.06
	1013940584	0307 030725	11	1	96127 XU		40.00	6.06	6.06	0.00	CO-45	33.94 0.00
PT RESP	58.76				CLAIM TOTALS		695.74	177.30	58.76	0.00		518.44 118.54
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 118.54
PLAN TYPE: CHOYC+												
STATUS CODE 19:	Processed as Primary, Forwarded to Additional Payer(s)											
CLAIM INFORMATION FORWARDED TO:	UNITED HEALTHCARE SERVICESINC.											

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	914.74	280.17	58.76	0.00	664.57	191.41	0.00	191.41

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
 N367 Alert: The claim information has been forwarded to a Consumer Spending Account processor for review; for example, flexible spending account or health savings account.
 PR-1 Deductible Amount
 PR-3 Co-payment Amount



UNITED HEALTHCARE INSURANCE COMPANY []
 9900 BREN ROAD
 MINNETONKA, MN 553439664
 (877)842-3210

REMITTANCE
 ADVICE

BYRON CENTER FAMILY MEDICINE
 7740 BYRON CENTER AVE SUITE 202
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-03-19
 NONPAY #: W316634233
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME NATIVIDAD, ALLEN J					HIC 925506298	ACNT 5091LMD642			ICN EY06993866	0140570327	ASG Y	MOA MA15
1013940584	0304	030425	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	1000F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM TOTALS		0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	0.00
PLAN TYPE: CHOYC+												
STATUS CODE 1: Processed as Primary												

NAME NATIVIDAD, ALLEN J					HIC 925506298	ACNT 5091LMD642			ICN EY06993866	0140570328	ASG Y	MOA MA15
1013940584	0304	030425	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM TOTALS		0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	0.00
PLAN TYPE: CHOYC+												
STATUS CODE 1: Processed as Primary												

NAME KEENA, SARAH J					HIC 916321068	ACNT 5147LMD642			ICN EY18534707	0124570560	ASG Y	MOA MA15
1013940584	0307	030725	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0307	030725	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0307	030725	11	1	G9621		0.00	0.00	0.00	0.00		0.00
1013940584	0307	030725	11	1	G8431		0.00	0.00	0.00	0.00		0.00
1013940584	0307	030725	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0307	030725	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0307	030725	11	1	G8420		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM TOTALS		0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	0.00
PLAN TYPE: CHOYC+												
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
	3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.



UMR []
P.O. Box 30541
Salt Lake City, UT 84130
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
STE 202
7740 BYRON CENTER AVE SW
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-10
EFT #: 632952197
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	ADAMS, DOROTHY			HIC 44468166	ACNT 4785LMD642			ICN 25051549847		ASG Y MOA	
1013940584	1114	111424	11	90656		35.00	23.53	0.00	0.00	CO-45	23.53
1013940584	1114	111424	11	90471		41.00	23.81	0.00	0.00	CO-45	23.81
PT RESP		0.00		CLAIM TOTALS		76.00	47.34	0.00	0.00		47.34
ADJ TO TOTAL:	PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	47.34
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	1.17

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	76.00	47.34	0.00	0.00	28.66	46.17	1.17	46.17

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



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(000)000-0000

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
STE 202
7740 BYRON CENTER AVE SW
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-10
EFT #: 632952198
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VOGT, RICHARD			HIC 40797038	ACNT 4514LMD642	ICN 25051549822		ASG Y	MOA			
1013940584	0131	013125 11	99396		327.00	112.48	0.00	0.00	CO-45	214.52	112.48
1013940584	0131	013125 11	3074F		0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125 11	G9621		0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125 11	3060F		0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125 11	G8510		0.00	0.00	0.00	0.00			0.00
1013940584	0131	013125 11	99214 25		219.00	51.44	0.00	0.00	CO-45	167.56	26.44
									PR-3	25.00	
1013940584	0131	013125 11	99406		27.06	0.00	0.00	0.00	CO-234	27.06	0.00
				REM: M80							
1013940584	0131	013125 11	36415		20.00	1.26	0.00	0.00	CO-45	18.74	1.26
1013940584	0131	013125 11	82043 QW		14.70	3.45	0.00	0.00	CO-45	11.25	3.45
1013940584	0131	013125 11	82570 QW		17.85	2.85	0.00	0.00	CO-45	15.00	2.85
1013940584	0131	013125 11	G0442 XU		30.00	21.05	0.00	0.00	CO-45	8.95	21.05
1013940584	0131	013125 11	G0444 XU 33		29.45	21.05	0.00	0.00	CO-45	8.40	21.05
1013940584	0131	013125 11	3078F		0.00	0.00	0.00	0.00			0.00
PT RESP	25.00		CLAIM TOTALS		685.06	213.58	0.00	0.00		496.48	188.58
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	188.58
STATUS CODE 1: Processed as Primary											

NAME VOGT, RICHARD			HIC 40797038	ACNT 4898LMD642	ICN 25051549858		ASG Y	MOA			
1013940584	0131	013125 11	99499		0.01	0.00	0.00	0.00	CO-45	0.01	0.00
PT RESP	0.00		CLAIM TOTALS		0.01	0.00	0.00	0.00		0.01	0.00
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Overpayment Recovery (WO)	FCN		00002948722	26.38
			REFEA 1676LMD642	
Adjustment (CS)	ZELIS		TRANSACTION	4.01
			FEE	

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	685.07	213.58	0.00	0.00	496.49	158.19	30.39	158.19

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

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

M80 Not covered when performed during the same session / date as a previously processed service for the patient.

PR-3 Co-payment Amount



UMR []
P.O. Box 30541
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(000)000-0000

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
STE 202
7740 BYRON CENTER AVE SW
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-18
EFT #: 637486240
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BIEBER, ADAM			HIC 37455841		ACNT 4173LMD642	ICN 25057328021			ASG Y	MOA	
1013940584	0116	011625	11	99395		297.00	102.68	0.00	0.00	CO-45	194.32 102.68
1013940584	0116	011625	11	G0442 XU		30.00	21.05	0.00	0.00	CO-45	8.95 21.05
1013940584	0116	011625	11	G0444 XU 33		29.45	21.05	0.00	0.00	CO-45	8.40 21.05
1013940584	0116	011625	11	36415		15.00	1.26	0.00	0.00	CO-45	13.74 1.26
1013940584	0116	011625	11	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0116	011625	11	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0116	011625	11	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0116	011625	11	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0116	011625	11	1036F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		371.45	146.04	0.00	0.00		225.41 146.04
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 146.04
STATUS CODE 1: Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	3.61

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	371.45	146.04	0.00	0.00	225.41	142.43	3.61	142.43

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



WPS GHA - MAC J8 MI PART B []
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MADISON, WI 53708
(866)234-7331

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-03-03
NONPAY #: 393415751
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BEMKE, KENNETH G				HIC	3M07QN8AM47	ACNT	4937LMD642	ICN	1825056646622	ASG	Y	MOA	MA15	
1013940584	0219	021925	11	1	36415			0.00	0.00	0.00	0.00			0.00
				REM: M79 MA130										
1013940584	0219	021925	11	1	3077F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1013940584	0219	021925	11	1	3080F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1013940584	0219	021925	11	1	3008F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1013940584	0219	021925	11	1	2001F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1013940584	0219	021925	11	1	1000F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1013940584	0219	021925	11	1	1159F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1013940584	0219	021925	11	1	1160F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
PT RESP	0.00			CLAIM	TOTALS			0.00	0.00	0.00	0.00		0.00	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 OLNEY, NAN				HIC	8T71YW7RC97	ACNT	4983LMD642	ICN	1825057620542	ASG	Y	MOA	MA15	
1306898036	0225	022525	11	1	3074F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1306898036	0225	022525	11	1	3078F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1306898036	0225	022525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1306898036	0225	022525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1306898036	0225	022525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1306898036	0225	022525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1306898036	0225	022525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
PT RESP	0.00			CLAIM	TOTALS			0.00	0.00	0.00	0.00		0.00	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 STANHOPE, GEORGE A				HIC	3P65RM9DJ52	ACNT	4995LMD642	ICN	1825057620610	ASG	Y	MOA	MA01 MA18	
1013940584	0127	012725	10	1	98966			25.18	0.00	0.00	0.00	PR-172	25.18	0.00
PT RESP	25.18			CLAIM	TOTALS			25.18	0.00	0.00	0.00		25.18	0.00
ADJ TO TOTAL: PREV PD					INTEREST			0.00	LATE FILING CHARGE			0.00	NET	0.00
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: HIGHMARK INC														
NAME TOBIN, GERALD L				HIC	2PJ5RM6HA86	ACNT	4989LMD642	ICN	1825057620582	ASG	Y	MOA	MA15	
1013940584	0225	022525	11	1	3075F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1013940584	0225	022525	11	1	3079F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1013940584	0225	022525	11	1	3061F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1013940584	0225	022525	11	1	3075F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1013940584	0225	022525	11	1	3079F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
PT RESP	0.00			CLAIM	TOTALS			0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST			0.00	LATE FILING CHARGE			0.00	NET	0.00
STATUS CODE 1: Processed as Primary														



WPS GHA - MAC J8 MI PART B

NPI #: 1982923660

NONPAY #: 393415751

TIMOTHY J. TOBOLIC, MD, PLLC

PAGE #: 2 of 2

REMITTANCE

ADVICE

DATE: 2025-03-03

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	4	25.18	0.00	0.00	0.00	25.18	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

M79 Missing / incomplete / invalid charge.

MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

MA130 Your claim contains incomplete and / or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete / correct information.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.

N517 Resubmit a new claim with the requested information.

PR-172 Payment is adjusted when performed / billed by a provider of this specialty



WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
(866)234-7331

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-04
NONPAY #: 393419340
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	BURD, MELVIN G				HIC 7RN5R16NE52	ACNT 5022LMD642				ICN 1825058690182	ASG Y	MOA MA15	
1013940584	0226	022625	11	1	3075F		0.00	0.00	0.00	0.00			0.00
					REM: N517	MA130							
1013940584	0226	022625	11	1	3078F		0.00	0.00	0.00	0.00			0.00
					REM: N517	MA130							
1013940584	0226	022625	11	1	3008F		0.00	0.00	0.00	0.00			0.00
					REM: N517	MA130							
1013940584	0226	022625	11	1	2001F		0.00	0.00	0.00	0.00			0.00
					REM: N517	MA130							
1013940584	0226	022625	11	1	1000F		0.00	0.00	0.00	0.00			0.00
					REM: N517	MA130							
1013940584	0226	022625	11	1	1159F		0.00	0.00	0.00	0.00			0.00
					REM: N517	MA130							
1013940584	0226	022625	11	1	1160F		0.00	0.00	0.00	0.00			0.00
					REM: N517	MA130							
1013940584	0226	022625	11	1	3061F		0.00	0.00	0.00	0.00			0.00
					REM: N517	MA130							
PT RESP	0.00				CLAIM	TOTALS	0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
MA130 Your claim contains incomplete and / or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete / correct information.
MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
N517 Resubmit a new claim with the requested information.



WPS GHA - MAC J8 MI PART B []
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REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-05
NONPAY #: 393422561
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	OLNEY, NAN					HIC	8T71YW7RC97	ACNT	4983LMD642		ICN	1825057620540	ASG	Y
	1306898036	0225	022525	11	1	99214			219.00	120.84	120.84	0.00	CO-45	98.16
	1306898036	0225	022525	11	1	G2211			25.00	15.26	15.26	0.00	CO-45	9.74
	1306898036	0225	022525	11	1	2000F			0.00	0.00	0.00	0.00		0.00

PT RESP 136.10 CLAIM TOTALS 244.00 136.10 136.10 0.00 107.90 0.00
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI

NAME	VANDERVEEN, PATRICIA A					HIC	9FG6RK1EM53	ACNT	5047LMD642		ICN	1825063654912	ASG	Y
	1306898036	0228	022825	11	1	3074F			0.00	0.00	0.00	0.00		0.00
	1306898036	0228	022825	11	1	3078F			0.00	0.00	0.00	0.00		0.00

PT RESP 0.00 CLAIM TOTALS 0.00 0.00 0.00 0.00 0.00 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	WEAVER, REBECCA L					HIC	3G58QM6DM63	ACNT	5036LMD642		ICN	1825059574630	ASG	Y
	1306898036	0123	012325	11	1	G0180			99.42	0.00	0.00	0.00	CO-16	99.42

PT RESP 0.00 CLAIM TOTALS 99.42 0.00 0.00 0.00 99.42 0.00
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00
STATUS CODE 1: Processed as Primary

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	PD	ADJ	AMT
	3	343.42	136.10	136.10	0.00	207.32	0.00	0.00	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.

MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

MA130 Your claim contains incomplete and / or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete / correct information.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.

N320 Missing / incomplete / invalid Home Health Certification Period.

N517 Resubmit a new claim with the requested information.

N620 Alert: This procedure code is for quality reporting / informational purposes only.

PR-1 Deductible Amount



WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
(866)234-7331

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-03-11
NONPAY #: 393436046
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BAGLEY, CHRISTOPH S			HIC 6V12KW0TC81	ACNT	5115LMD642			ICN 1825065685550		ASG Y MOA MA01 MA15	
1013940584	1205	120524	11	1 99214		219.00	0.00	0.00	0.00	CO-24 219.00	0.00
1013940584	1205	120524	11	1 2000F		0.00	0.00	0.00	0.00		0.00
REM: N620											
PT RESP	0.00			CLAIM TOTALS		219.00	0.00	0.00	0.00	219.00	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 BAGLEY, CHRISTOPH S			HIC 6V12KW0TC81	ACNT	5116LMD642			ICN 1825065685570		ASG Y MOA MA01 MA15	
1013940584	0305	030525	11	1 99213 25		146.00	0.00	0.00	0.00	CO-24 146.00	0.00
1013940584	0305	030525	11	1 G2211		25.00	0.00	0.00	0.00	CO-24 25.00	0.00
1013940584	0305	030525	11	1 G8510		0.00	0.00	0.00	0.00		0.00
REM: N620											
1013940584	0305	030525	11	1 2000F		0.00	0.00	0.00	0.00		0.00
REM: N620											
PT RESP	0.00			CLAIM TOTALS		171.00	0.00	0.00	0.00	171.00	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 DEKLEINE, BETTY L			HIC 5T86XF2JU62	ACNT	5121LMD642			ICN 1825065685582		ASG Y MOA MA15	
1013940584	0305	030525	11	1 3075F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
1013940584	0305	030525	11	1 3079F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
1013940584	0305	030525	11	1 3061F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
PT RESP	0.00			CLAIM TOTALS		0.00	0.00	0.00	0.00	0.00	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 RIDER, JENNIE L			HIC 1GD4CY4QE03	ACNT	5089LMD642			ICN 1825065685532		ASG Y MOA MA15	
1013940584	0304	030425	11	1 3074F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
1013940584	0304	030425	11	1 3078F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
1013940584	0304	030425	11	1 3060F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
1013940584	0304	030425	11	1 3008F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
1013940584	0304	030425	11	1 2001F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
1013940584	0304	030425	11	1 1000F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
1013940584	0304	030425	11	1 1159F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
1013940584	0304	030425	11	1 1160F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
PT RESP	0.00			CLAIM TOTALS		0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00 NET	0.00
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
	4	390.00	0.00	0.00	0.00	390.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.

MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

MA130 Your claim contains incomplete and / or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete / correct information.



WPS GHA - MAC J8 MI PART B

REMITTANCE

NPI #: 1982923660

TIMOTHY J. TOBOLIC, MD, PLLC

ADVICE

NONPAY #: 393436046 PAGE #: 2 of 2

DATE: 2025-03-11

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

N517 Resubmit a new claim with the requested information.

N620 Alert: This procedure code is for quality reporting / informational purposes only.



WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
(866)234-7331

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-17
NONPAY #: 393449392
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	DYKSTRA, DEBORAH A				HIC 8XF7XE3XU48	ACNT 5194LMD642				ICN 1825071682042	ASG Y	MOA MA15
1013940584	0311	031125	11	1	G0444 XU 33		29.45	0.00	0.00	0.00	CO-16	29.45 0.00
					REM: M20 MA130							
1013940584	0311	031125	11	1	1158F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0311	031125	11	1	3074F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0311	031125	11	1	3078F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0311	031125	11	1	3061F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
PT RESP		0.00			CLAIM TOTALS		29.45	0.00	0.00	0.00		29.45 0.00
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
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
	1	29.45	0.00	0.00	0.00	29.45	0.00	0.00	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.

M20 Missing / incomplete / invalid HCPCS.

MA130 Your claim contains incomplete and / or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete / correct information.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

N517 Resubmit a new claim with the requested information.



WPS GHA - MAC J8 MI PART B []
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MADISON, WI 53708
(866)234-7331

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-03-18
NONPAY #: 393452736
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DYKSTRA, ALBERT J			HIC 7YX9Q62NP10		ACNT 5243LMD642		ICN 1825072647332		ASG Y		MOA MA15	
1013940584	0313	031325	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	11	1	1000F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	11	1	1160F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM		TOTALS		0.00	0.00	0.00	0.00	0.00	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 STILEN, MARGIE L			HIC 7YF1R22QC14		ACNT 5286LMD642		ICN 1925076035722		ASG Y		MOA MA15	
1013940584	0314	031425	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	11	1	3061F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM		TOTALS		0.00	0.00	0.00	0.00	0.00	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 YARBROUGH, PAUL			HIC 5QR6YG0KJ89		ACNT 5181LMD642		ICN 1825070598880		ASG Y		MOA MA01 MA18 MA15	
1306898036	0310	031025	11	1	99213		146.00	85.63	85.63	0.00	CO-45	60.37
1306898036	0310	031025	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP		85.63	CLAIM		TOTALS		146.00	85.63	85.63	0.00	60.37	0.00
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: AMERICAN CONTINENTAL INSU.												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	146.00	85.63	85.63	0.00	60.37	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

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

MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

MA130 Your claim contains incomplete and / or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete / correct information.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.

N517 Resubmit a new claim with the requested information.

N620 Alert: This procedure code is for quality reporting / informational purposes only.

PR-1 Deductible Amount



WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
(866)234-7331

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-05-08
NONPAY #: 393566157
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WEISS, JOHN W					HIC 5MC7CU0YH36	ACNT 6095LMD642				ICN 1925125039530	ASG Y	MOA MA01 MA15 N598
1013940584	0417	041725	11	1	G0136	33	65.00	0.00	0.00	0.00	CO-22	65.00 0.00
						REM: N598						
1013940584	0417	041725	11	1	36415		20.00	0.00	0.00	0.00	CO-22	20.00 0.00
						REM: N598						
1013940584	0417	041725	11	1	G2211		25.00	0.00	0.00	0.00	CO-22	25.00 0.00
						REM: N598						
1013940584	0417	041725	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-22	29.45 0.00
						REM: N598						
1013940584	0417	041725	11	1	G0442	XU	30.00	0.00	0.00	0.00	CO-22	30.00 0.00
						REM: N598						
1013940584	0417	041725	11	1	0513F		0.00	0.00	0.00	0.00		0.00
						REM: N620						0.00
1013940584	0417	041725	11	1	G8417		0.00	0.00	0.00	0.00		0.00
						REM: N620						0.00
1013940584	0417	041725	11	1	G9621		0.00	0.00	0.00	0.00		0.00
						REM: N620						0.00
1013940584	0417	041725	11	1	G8510		0.00	0.00	0.00	0.00		0.00
						REM: N620						0.00
PT RESP		0.00			CLAIM	TOTALS	169.45	0.00	0.00	0.00		169.45 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00					0.00
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
	1	169.45	0.00	0.00	0.00	169.45	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-22 Payment adjusted because this care may be covered by another payer per coordination of benefits.
MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.
MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
N598 Health care policy coverage is primary.
N620 Alert: This procedure code is for quality reporting / informational purposes only.



WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
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REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-05-09
NONPAY #: 393569020
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KAMINSKI, JOSHUA P					HIC 8Q76MH3YU71	ACNT 6142LMD642				ICN 1825126624732	ASG Y	MOA MA15
1013940584	0501	050125	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0501	050125	11	1	3079F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0501	050125	11	1	1220F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
PT RESP		0.00			CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
MA130 Your claim contains incomplete and / or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete / correct information.
MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
N517 Resubmit a new claim with the requested information.

