

PRIORITY HEALTH []
 1231 E. BELTLINE NE
 GRAND RAPIDS, MI 49525
 (000)000-0000

REMITTANCE
 ADVICE

TIMOTHY J TOBOLIC MD PLLC [900068405]
 7740 BYRON CENTER AVE SW

BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-07-03
 EFT #: 25173B1000346687
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BAUMGARD, KIMBERLY			HIC 94704543900	ACNT 6393LMD642				ICN 445586865400	ASG Y	MOA	
1013940584	0514	051425	-1 99214 25			-219.00	0.00	0.00	0.00	CO-16	-219.00 0.00
REM: M76											
1013940584	0514	051425	-1 83036 QW			-60.90	-10.23	0.00	-2.05	CO-45	-50.67 -8.18
1013940584	0514	051425	-1 99401 25			-65.00	-54.70	0.00	0.00	CO-45	-10.30 -54.70
1013940584	0514	051425	-1 G0447 XU			-65.00	-31.26	0.00	0.00	CO-45	-33.74 -31.26
1013940584	0514	051425	-1 G0446 XU			-65.00	-31.26	0.00	0.00	CO-45	-33.74 -31.26
1013940584	0514	051425	-1 3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	-1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	-1 G8417			0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	-1 G8427			0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	-1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	-1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	-1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	-1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	-1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	-1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			-474.90	-127.45	0.00	-2.05		-347.45 -125.40
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET -125.40
STATUS CODE 22: Reversal of Previous Payment											

NAME BAUMGARD, KIMBERLY			HIC 94704543900	ACNT 6393LMD642				ICN 446342869900	ASG Y	MOA	
1013940584	0514	051425	1 99214 25			219.00	152.63	0.00	30.53	CO-45	66.37 122.10
1013940584	0514	051425	1 83036 QW			60.90	10.23	0.00	2.05	CO-45	50.67 8.18
1013940584	0514	051425	1 99401 25			65.00	54.70	0.00	0.00	CO-45	10.30 54.70
1013940584	0514	051425	1 G0447 XU			65.00	31.26	0.00	0.00	CO-45	33.74 31.26
1013940584	0514	051425	1 G0446 XU			65.00	31.26	0.00	0.00	CO-45	33.74 31.26
1013940584	0514	051425	1 3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1 G8417			0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1 G8427			0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0514	051425	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	32.58		CLAIM TOTALS			474.90	280.08	0.00	32.58		194.82 247.50
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 247.50
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	152.63	0.00	30.53	-152.63	122.10	0.00	122.10

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

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 M76 Missing / incomplete / invalid diagnosis or condition.
 PR-2 Coinsurance Amount

