

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: 2025-07-31  
 EFT #: 25201B1000335282  
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME AINSWORTH, CORY		HIC 94702402410	ACNT	6824LMD642				ICN 446764062400	ASG Y MOA	
1013940584	0414 041425	-2 90744			-170.00	0.00	0.00	0.00	CO-16	-170.00 0.00
			REM: M76							
1013940584	0414 041425	-2 90471			-82.00	0.00	0.00	0.00	CO-16	-82.00 0.00
			REM: M76							
PT RESP	0.00		CLAIM TOTALS		-252.00	0.00	0.00	0.00		-252.00 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 AINSWORTH, CORY		HIC 94702402410	ACNT	6824LMD642				ICN 454276970500	ASG Y MOA	
1013940584	0414 041425	2 90744			170.00	0.00	0.00	0.00	CO-6	170.00 0.00
1013940584	0414 041425	2 90471			82.00	28.36	0.00	0.00	CO-45	12.64 28.36
			REM: N640						CO-96	41.00
PT RESP	0.00		CLAIM TOTALS		252.00	28.36	0.00	0.00		223.64 28.36
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 28.36
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	28.36	0.00	0.00	-28.36	28.36	0.00	28.36

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-96 Non-covered charge(s).  
 M76 Missing / incomplete / invalid diagnosis or condition.  
 N640 Exceeds number / frequency approved / allowed within time period.

