

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: 2025-08-14
 EFT #: 25215B1000320682
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	PHILLIPS, HEATH		HIC	94706679500	ACNT	7622LMD642		ICN	456318365700	ASG Y	MOA
1306898036	0723	072325	1	99214	25	219.00	152.63	0.00	0.00	CO-45	66.37
										PR-3	25.00
1306898036	0723	072325	1	J1071		12.00	0.03	0.00	0.00	CO-45	11.97
1306898036	0723	072325	1	96372		26.50	20.61	0.00	0.00	CO-45	5.89
1306898036	0723	072325	1	36415		20.00	0.00	0.00	0.00	CO-16	20.00
					REM: M76						
1306898036	0723	072325	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	25.00			CLAIM TOTALS		277.50	173.27	0.00	0.00		129.23
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary											148.27

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	277.50	173.27	0.00	0.00	129.23	148.27	0.00	148.27

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.
 M76 Missing / incomplete / invalid diagnosis or condition.
 PR-3 Co-payment Amount

