

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: 2025-07-24
 EFT #: 25201B1000353233
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	VANBENNEKOM, LARRY		HIC 94884025100	ACNT	7506LMD642				ICN 455612364400	ASG Y	MOA
1306898036	0718	071825	1	99396	25	327.00	172.48	0.00	0.00	CO-45	154.52
1306898036	0718	071825	1	G2211		25.00	0.00	0.00	0.00	CO-97	25.00
1306898036	0718	071825	2	96127	XU	80.00	18.85	0.00	0.00	CO-45	61.15
1306898036	0718	071825	1	G0447	XU	65.00	31.26	0.00	0.00	CO-45	33.74
1306898036	0718	071825	1	99401	25	65.00	0.00	0.00	0.00	CO-97	65.00
				REM: N119							
1306898036	0718	071825	1	G0136	33	34.80	27.10	0.00	0.00	CO-45	7.70
1306898036	0718	071825	1	36415		20.00	15.22	0.00	0.00	CO-45	4.78
1306898036	0718	071825	1	90471		41.00	28.36	0.00	0.00	CO-45	12.64
1306898036	0718	071825	1	90715		87.00	55.15	0.00	0.00	CO-45	31.85
1306898036	0718	071825	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0718	071825	1	G8476		0.00	0.00	0.00	0.00		0.00
1306898036	0718	071825	1	G8417		0.00	0.00	0.00	0.00		0.00
1306898036	0718	071825	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0718	071825	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0718	071825	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0718	071825	1	G8427		0.00	0.00	0.00	0.00		0.00
1306898036	0718	071825	1	1036F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		744.80	348.42	0.00	0.00		396.38
ADJ TO TOTAL:	PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 348.42
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	744.80	348.42	0.00	0.00	396.38	348.42	0.00	348.42

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
 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.

