

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: 2025-05-22
 EFT #: 25131B1000365841
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ASHBY, BLAKE			HIC 94798006700	ACNT 6256LMD642		ICN 445265001400	ASG Y	MOA			
1306898036	1108	110824	1	90656		35.00	22.35	0.00	0.00	CO-45	22.35
1306898036	1108	110824	1	90471		41.00	28.11	0.00	0.00	CO-45	28.11
PT RESP	0.00			CLAIM TOTALS		76.00	50.46	0.00	0.00		50.46
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	50.46
STATUS CODE 1: Processed as Primary											

NAME DAMSTRA, STEVEN			HIC 94807250003	ACNT 3115LMD642		ICN 435210135600	ASG Y	MOA			
1306898036	1118	111824	-1	99397 25		-341.00	-181.34	0.00	0.00	CO-45	-181.34
1306898036	1118	111824	-1	81000		-33.60	0.00	0.00	0.00	CO-97	0.00
REM: N19											
1306898036	1118	111824	-1	81003		-33.60	0.00	0.00	0.00	CO-97	0.00
REM: N19											
1306898036	1118	111824	-1	G0442 XU		-43.00	0.00	0.00	0.00	CO-16	0.00
REM: M51											
1306898036	1118	111824	-1	G0444 XU		-91.00	0.00	0.00	0.00	CO-16	0.00
REM: M51											
1306898036	1118	111824	-1	G8476		0.00	0.00	0.00	0.00		0.00
1306898036	1118	111824	-1	G8417		0.00	0.00	0.00	0.00		0.00
1306898036	1118	111824	-1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	1118	111824	-1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	1118	111824	-1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	1118	111824	-1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		-542.20	-181.34	0.00	0.00		-181.34
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	-181.34
STATUS CODE 22: Reversal of Previous Payment											

NAME DAMSTRA, STEVEN			HIC 94807250003	ACNT 3115LMD642		ICN 437272735900	ASG Y	MOA			
1306898036	1118	111824	1	99397 25		341.00	181.34	0.00	0.00	CO-45	181.34
1306898036	1118	111824	1	81003		33.60	2.59	2.59	0.00	CO-45	0.00
1306898036	1118	111824	1	G0442 XU		43.00	0.00	0.00	0.00	CO-16	0.00
REM: M51											
1306898036	1118	111824	1	G0444 XU		91.00	0.00	0.00	0.00	CO-16	0.00
REM: M51											
1306898036	1118	111824	1	G8476		0.00	0.00	0.00	0.00		0.00
1306898036	1118	111824	1	G8417		0.00	0.00	0.00	0.00		0.00
1306898036	1118	111824	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	1118	111824	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	1118	111824	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	1118	111824	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	2.59			CLAIM TOTALS		508.60	183.93	2.59	0.00		181.34
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	181.34
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	42.40	53.05	2.59	0.00	-10.65	50.46	0.00	50.46

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

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

N19 Procedure code incidental to primary procedure.

PR-1 Deductible Amount

