

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: 2025-03-27
 EFT #: 25075B1000350565
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WASSINK, MARK			HIC 94999393300	ACNT	5146LMD642	ICN 435982642900			ASG Y	MOA	
1013940584	0307	030725	1 99396	25		327.00	162.87	0.00	0.00	CO-45	164.13 162.87
1013940584	0307	030725	1 99213	25		146.00	102.19	102.19	0.00	CO-45	43.81 0.00
1013940584	0307	030725	1 96127	XU		40.00	9.34	0.00	0.00	CO-45	30.66 9.34
1013940584	0307	030725	1 96127	XU		40.00	9.34	0.00	0.00	CO-45	30.66 9.34
1013940584	0307	030725	1 36415			20.00	15.09	0.00	0.00	CO-45	4.91 15.09
1013940584	0307	030725	1 G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0307	030725	1 G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0307	030725	1 G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0307	030725	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0307	030725	1 3074F			0.00	0.00	0.00	0.00		0.00
PT RESP	102.19		CLAIM	TOTALS		573.00	298.83	102.19	0.00		274.17 196.64
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 196.64
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		
	1	573.00	298.83	102.19	0.00	274.17	196.64	0.00	196.64		

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-1 Deductible Amount

