

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 #: 25075B1000349282
 TAX ID #: 272620668

| REND PROV | SERV DATE | POS NOS | PROC | MODS | BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AMT | PROV PD |
|-------------------------------------|-------------|-----------------|-----------------|------|--------|---------|--------------------|------------------|-------------|------------|
| NAME RADER, MATTHEW | | HIC 94978893400 | ACNT 5211LMD642 | | | | | ICN 436135094500 | ASG Y MOA | |
| 1013940584 | 0311 031125 | 1 99214 25 | | | 219.00 | 144.12 | 0.00 | 0.00 | CO-45 74.88 | 114.12 |
| 1013940584 | 0311 031125 | 1 G0444 33 | | | 29.45 | 0.00 | 0.00 | 0.00 | PR-3 30.00 | |
| | | | REM: M51 | | | | | | CO-16 29.45 | 0.00 |
| 1013940584 | 0311 031125 | 1 G8510 | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1013940584 | 0311 031125 | 1 3008F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1013940584 | 0311 031125 | 1 2001F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1013940584 | 0311 031125 | 1 2000F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1013940584 | 0311 031125 | 1 1000F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1013940584 | 0311 031125 | 1 1159F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1013940584 | 0311 031125 | 1 1160F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| PT RESP | 30.00 | | CLAIM TOTALS | | 248.45 | 144.12 | 0.00 | 0.00 | 134.33 | 114.12 |
| ADJ TO TOTAL: PREV PD | | | INTEREST | | 0.00 | | LATE FILING CHARGE | | 0.00 | NET 114.12 |
| 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 | 248.45 | 144.12 | 0.00 | 0.00 | 134.33 | 114.12 | 0.00 | 114.12 |

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.
 M51 Missing / incomplete / invalid procedure code(s).
 PR-3 Co-payment Amount

