

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: 2025-08-07  
 EFT #: 25208B1000326088  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VANDERMOLLEN, ALVIN			HIC 94909687301	ACNT	7588LMD642			ICN 455861384700	ASG Y	MOA	
1306898036	0722	072225	1	99495		318.00	295.38	0.00	0.00	CO-45	295.38
1306898036	0722	072225	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0722	072225	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0722	072225	1	4004F		0.00	0.00	0.00	0.00		0.00
1306898036	0722	072225	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0722	072225	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0722	072225	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0722	072225	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0722	072225	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0722	072225	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			318.00	295.38	0.00	0.00		295.38
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	295.38
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	318.00	295.38	0.00	0.00	22.62	295.38	0.00	295.38		

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

