

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: 2025-06-05
 EFT #: 25145B1000351297
 TAX ID #: 272620668

| REND | PROV | SERV DATE | POS NOS | PROC | MODS | BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AMT | PROV PD |
|-------------------------------------|----------------------|-----------|-----------------|-----------------|------|--------------|---------|--------------------|-------|------------|------------|
| NAME | OOSTERHOUSE, CHARLES | | HIC 94935373500 | ACNT 6456LMD642 | | | | ICN 445959612200 | ASG Y | MOA | |
| 1013940584 | 0512 | 051225 | 1 36415 | | | 20.00 | 0.00 | 0.00 | 0.00 | CO-16 | 20.00 0.00 |
| PT RESP 0.00 | | | | | | CLAIM TOTALS | 20.00 | 0.00 | 0.00 | 0.00 | 20.00 0.00 |
| ADJ TO TOTAL: PREV PD | | | | | | INTEREST | 0.00 | LATE FILING CHARGE | 0.00 | NET | 0.00 |
| STATUS CODE 1: Processed as Primary | | | | | | | | | | | |

| NAME | OOSTERHOUSE, CHARLES | HIC | 94935373500 | ACNT | 6455LMD642 | ICN | 445959626900 | ASG | Y | MOA | |
|-------------------------------------|----------------------|--------|--------------|------|------------|----------|--------------|--------------------|------|-------|--------------|
| 1013940584 | 0516 | 051625 | 1 99214 | 25 | | 219.00 | 152.63 | 152.63 | 0.00 | CO-45 | 66.37 0.00 |
| 1013940584 | 0516 | 051625 | 1 G0446 | XU | | 61.88 | 31.26 | 0.00 | 0.00 | CO-45 | 30.62 31.26 |
| 1013940584 | 0516 | 051625 | 1 G0537 | | | 25.00 | 0.00 | 0.00 | 0.00 | CO-6 | 25.00 0.00 |
| 1013940584 | 0516 | 051625 | 1 3008F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1013940584 | 0516 | 051625 | 1 2001F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1013940584 | 0516 | 051625 | 1 2000F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1013940584 | 0516 | 051625 | 1 1000F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1013940584 | 0516 | 051625 | 1 1159F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1013940584 | 0516 | 051625 | 1 1160F | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| PT RESP | 152.63 | | CLAIM TOTALS | | | 305.88 | 183.89 | 152.63 | 0.00 | | 121.99 31.26 |
| ADJ TO TOTAL: PREV PD | | | | | | INTEREST | 0.00 | LATE FILING CHARGE | 0.00 | NET | 31.26 |
| 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 |
|---------|-------------|------------|-------------|------------|-----------|--------------|-------------|--------------|-----------|
| | 2 | 325.88 | 183.89 | 152.63 | 0.00 | 141.99 | 31.26 | 0.00 | 31.26 |

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-6 The procedure / revenue code is inconsistent with the patient's age.

M76 Missing / incomplete / invalid diagnosis or condition.

PR-1 Deductible Amount

