

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 6
DATE: 2025-05-01
EFT #: 25117B1000099611
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BATT, LUKE			HIC 94983028102	ACNT	5927LMD642			ICN 444414353800	ASG Y	MOA	
1306898036	0418	041825	1 99395	25		297.00	162.24	0.00	0.00	CO-45	134.76 162.24
1306898036	0418	041825	1 G0136	33		34.80	27.10	0.00	0.00	CO-45	27.10
1306898036	0418	041825	1 96127	XU		40.00	9.42	0.00	0.00	CO-45	9.42
1306898036	0418	041825	1 96160	XU		5.30	5.30	0.00	0.00		5.30
1306898036	0418	041825	1 G8420			0.00	0.00	0.00	0.00		0.00
1306898036	0418	041825	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0418	041825	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0418	041825	1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0418	041825	1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP 0.00			CLAIM TOTALS			377.10	204.06	0.00	0.00		173.04 204.06
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 204.06
PLAN TYPE: COREWELL HLTH WMI NTWK											
STATUS CODE 1: Processed as Primary											

NAME DOANE, TODD			HIC 94805320401	ACNT	5836LMD642			ICN 437658935700	ASG Y	MOA	
1306898036	0411	041125	1 99499			0.01	0.01	0.01	0.00		0.00
PT RESP 0.01			CLAIM TOTALS			0.01	0.01	0.01	0.00		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 HUYAERE, JEFFREY			HIC 94723214400	ACNT	6021LMD642			ICN 444575071500	ASG Y	MOA	
1306898036	0423	042325	1 99213	25		146.00	108.22	0.00	0.00	CO-45	37.78 78.22
										PR-3	30.00
1306898036	0423	042325	1 36415			20.00	0.00	0.00	0.00	CO-16	20.00 0.00
REM: M76											
1306898036	0423	042325	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0423	042325	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0423	042325	1 G8420			0.00	0.00	0.00	0.00		0.00
1306898036	0423	042325	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0423	042325	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0423	042325	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0423	042325	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0423	042325	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0423	042325	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP 30.00			CLAIM TOTALS			166.00	108.22	0.00	0.00		87.78 78.22
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 78.22
STATUS CODE 1: Processed as Primary											

NAME JACKSON, ARNELDA			HIC 94921051201	ACNT	5921LMD642			ICN 444291688100	ASG Y	MOA	
1306898036	0418	041825	1 99214			219.00	152.63	0.00	0.00	CO-45	66.37 117.63
										PR-3	35.00
1306898036	0418	041825	1 G8476			0.00	0.00	0.00	0.00		0.00
1306898036	0418	041825	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0418	041825	1 3078F			0.00	0.00	0.00	0.00		0.00
PT RESP 35.00			CLAIM TOTALS			219.00	152.63	0.00	0.00		101.37 117.63
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 117.63
STATUS CODE 1: Processed as Primary											



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25117B1000099611TIMOTHY J TOBOLIC MD PLLC [900068405]
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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KUIPER, MARC			HIC	94991184200	ACNT	5923LMD642	ICN 444471421900		ASG Y	MOA		
1306898036	0418	041825	1	99396	25		327.00	172.48	0.00	0.00	CO-45	154.52 172.48
1306898036	0418	041825	1	G0136	33		34.80	27.10	0.00	0.00	CO-45	7.70 27.10
1306898036	0418	041825	1	96127	XU		40.00	9.42	0.00	0.00	CO-45	30.58 9.42
1306898036	0418	041825	1	96160	XU		10.00	5.76	0.00	0.00	CO-45	4.24 5.76
1306898036	0418	041825	1	3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0418	041825	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0418	041825	1	G8420			0.00	0.00	0.00	0.00		0.00
1306898036	0418	041825	1	G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0418	041825	1	G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0418	041825	1	2022F			0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM		TOTALS		411.80	214.76	0.00	0.00		197.04 214.76
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE	0.00	NET	214.76
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												

NAME SHOEMAKER, KYLE			HIC	94713560901	ACNT	6013LMD642	ICN 444575070200		ASG Y	MOA		
1306898036	0423	042325	1	99213			146.00	108.22	0.00	0.00	CO-45	37.78 58.22
											PR-3	50.00
1306898036	0423	042325	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0423	042325	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0423	042325	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0423	042325	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0423	042325	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0423	042325	1	11000F			0.00	0.00	0.00	0.00		0.00
1306898036	0423	042325	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0423	042325	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP		50.00	CLAIM		TOTALS		146.00	108.22	0.00	0.00		87.78 58.22
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE	0.00	NET	58.22
PLAN TYPE: COREWELL HEALTH EMP GRP												
STATUS CODE 1: Processed as Primary												

NAME TIMMER, SUZANNE			HIC	94980954100	ACNT	3237LMD642	ICN 435911146100		ASG Y	MOA		
1306898036	1122	112224	-1	99214	25		-247.32	0.00	0.00	0.00	CO-16	-247.32 0.00
											REM: N152	
1306898036	1122	112224	-40	J1010			-40.00	0.00	0.00	0.00	CO-16	-40.00 0.00
											REM: N152	
1306898036	1122	112224	-1	96372			-45.00	0.00	0.00	0.00	CO-16	-45.00 0.00
											REM: N152	
1306898036	1122	112224	-1	20610	RT		-155.00	0.00	0.00	0.00	CO-16	-155.00 0.00
											REM: N152	
1306898036	1122	112224	-1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	1122	112224	-1	G8417			0.00	0.00	0.00	0.00		0.00
1306898036	1122	112224	-1	3074F			0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM		TOTALS		-487.32	0.00	0.00	0.00		-487.32 0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE	0.00	NET	0.00
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 22: Reversal of Previous Payment												

NAME TIMMER, SUZANNE			HIC	94980954100	ACNT	3237LMD642	ICN 435911146101		ASG Y	MOA		
1306898036	1122	112224	1	99214	25		247.32	0.00	0.00	0.00	CO-50	247.32 0.00
											REM: N163	
1306898036	1122	112224	40	J1010			40.00	4.80	0.00	0.00	CO-45	35.20 4.80
1306898036	1122	112224	1	96372			45.00	0.00	0.00	0.00	CO-97	45.00 0.00
											REM: N19	
1306898036	1122	112224	1	20610	RT		155.00	103.58	0.00	0.00	CO-45	51.42 103.58
1306898036	1122	112224	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	1122	112224	1	G8417			0.00	0.00	0.00	0.00		0.00
1306898036	1122	112224	1	3074F			0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM		TOTALS		487.32	108.38	0.00	0.00		378.94 108.38
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE	0.00	NET	108.38
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25117B1000099611TIMOTHY J TOBOLIC MD PLLC [900068405]
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ADVICE
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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME FRANCIS, MATTHEW			HIC 94837877700		ACNT	6025LMD642	ICN 444575071800		ASG Y		MOA		
1013940584	0423	042325	1	99214			219.00	152.63	0.00	0.00	CO-45 PR-3	66.37 35.00	117.63
1013940584	0423	042325	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0423	042325	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0423	042325	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0423	042325	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0423	042325	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0423	042325	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP			35.00	CLAIM TOTALS			219.00	152.63	0.00	0.00		101.37	117.63
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	NET	117.63	
PLAN TYPE: COREWELL HEALTH EMP GRP													
STATUS CODE 1: Processed as Primary													

NAME HUMPHREY, JAMES			HIC 94923764900		ACNT	5915LMD642	ICN 444291686800		ASG Y		MOA		
1013940584	0418	041825	1	99214 25			219.00	152.63	0.00	0.00	CO-45 PR-3	66.37 30.00	122.63
1013940584	0418	041825	1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1013940584	0418	041825	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0418	041825	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0418	041825	1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0418	041825	1	3044F			0.00	0.00	0.00	0.00			0.00
PT RESP			30.00	CLAIM TOTALS			239.00	167.85	0.00	0.00		101.15	137.85
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	NET	137.85	
PLAN TYPE: MY PRIORITY HMO													
STATUS CODE 1: Processed as Primary													

NAME LEATHERMAN, WILLIAM			HIC 94834392800		ACNT	6004LMD642	ICN 444575069300		ASG Y		MOA		
1013940584	0422	042225	1	99214 25			241.68	152.63	0.00	0.00	CO-45 PR-3	89.05 10.00	142.63
1013940584	0422	042225	1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1013940584	0422	042225	1	G0447 XU			0.00	0.00	0.00	0.00			0.00
1013940584	0422	042225	1	99401 25			25.00	25.00	0.00	0.00			25.00
1013940584	0422	042225	1	3008F			25.00	0.00	0.00	0.00	CO-96	25.00	0.00
REM: N448													
1013940584	0422	042225	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0422	042225	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0422	042225	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0422	042225	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0422	042225	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0422	042225	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0422	042225	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP			10.00	CLAIM TOTALS			311.68	192.85	0.00	0.00		128.83	182.85
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	NET	182.85	
PLAN TYPE: COREWELL HLTH WMI NTWK													
STATUS CODE 1: Processed as Primary													

NAME NIEMCZYK, DYLAN			HIC 94871891500		ACNT	3773LMD642	ICN 436081880000		ASG Y		MOA		
1013940584	1226	122624	-1	99213 25			-146.00	0.00	0.00	0.00	CO-252	-146.00	0.00
REM: M29													
1013940584	1226	122624	-1	99406			-23.00	-19.81	0.00	0.00	CO-45	-3.19	-19.81
1013940584	1226	122624	-1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624	-1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624	-1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624	-1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624	-1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624	-1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624	-1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624	-1	1159F			0.00	0.00	0.00	0.00			0.00
PT RESP			0.00	CLAIM TOTALS			-169.00	-19.81	0.00	0.00		-149.19	-19.81
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	NET	-19.81	
STATUS CODE 22: Reversal of Previous Payment													



PRIORITY HEALTH

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ADVICE
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REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME NIEMCZYK, DYLAN			HIC 94871891500	ACNT 3773LMD642		ICN 436081880001	ASG Y	MOA			
1013940584	1226	122624	1 99213	25		146.00	98.03	98.03	0.00	CO-45	47.97 0.00
1013940584	1226	122624	1 99406			23.00	19.81	0.00	0.00	CO-45	3.19 19.81
1013940584	1226	122624	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1 1160F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1 1159F			0.00	0.00	0.00	0.00		0.00
PT RESP	98.03		CLAIM TOTALS			169.00	117.84	98.03	0.00		51.16 19.81
ADJ TO TOTAL: PREV PD			INTEREST		0.00	LATE FILING CHARGE				0.00	NET 19.81
STATUS CODE 1: Processed as Primary											

NAME SMITH, HOPE			HIC 94920898601	ACNT 5976LMD642		ICN 444471427300	ASG Y	MOA			
1013940584	0415	041525	1 99214			219.00	152.63	0.00	30.53	CO-45	66.37 122.10
1013940584	0415	041525	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	1 1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	1 2010F			0.00	0.00	0.00	0.00		0.00
PT RESP	30.53		CLAIM TOTALS			219.00	152.63	0.00	30.53		66.37 122.10
ADJ TO TOTAL: PREV PD			INTEREST		0.00	LATE FILING CHARGE				0.00	NET 122.10
STATUS CODE 1: Processed as Primary											

NAME SMITH, HOPE			HIC 94920898601	ACNT 5977LMD642		ICN 444471428300	ASG Y	MOA			
1013940584	0421	042125	1 99214			219.00	152.63	0.00	30.53	CO-45	66.37 122.10
1013940584	0421	042125	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0421	042125	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0421	042125	1 1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0421	042125	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0421	042125	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0421	042125	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0421	042125	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0421	042125	1 2010F			0.00	0.00	0.00	0.00		0.00
PT RESP	30.53		CLAIM TOTALS			219.00	152.63	0.00	30.53		66.37 122.10
ADJ TO TOTAL: PREV PD			INTEREST		0.00	LATE FILING CHARGE				0.00	NET 122.10
STATUS CODE 1: Processed as Primary											

NAME VANSFLEET, MARY			HIC 94997671901	ACNT 5913LMD642		ICN 444291685800	ASG Y	MOA			
1013940584	0418	041825	1 99496	25		446.00	399.55	0.00	0.00	CO-45	46.45 349.55
1013940584	0418	041825	1 G0558			206.72	0.00	0.00	0.00	CO-97	206.72 0.00
			REM: N19								
1013940584	0418	041825	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0418	041825	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0418	041825	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0418	041825	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0418	041825	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0418	041825	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0418	041825	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	50.00		CLAIM TOTALS			652.72	399.55	0.00	0.00		303.17 349.55
ADJ TO TOTAL: PREV PD			INTEREST		0.00	LATE FILING CHARGE				0.00	NET 349.55
PLAN TYPE: MY PRIORITY HMO											
STATUS CODE 1: Processed as Primary											

NAME VANSFLEET, MARY			HIC 94997671901	ACNT 5914LMD642		ICN 444291686400	ASG Y	MOA			
1013940584	0416	041625	1 98966			25.00	0.00	0.00	0.00	CO-96	25.00 0.00
			REM: N448								
PT RESP	0.00		CLAIM TOTALS			25.00	0.00	0.00	0.00		25.00 0.00
ADJ TO TOTAL: PREV PD			INTEREST		0.00	LATE FILING CHARGE				0.00	NET 0.00
PLAN TYPE: MY PRIORITY HMO											
STATUS CODE 1: Processed as Primary											



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25117B1000099611

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REMITTANCE
ADVICE
DATE: 2025-05-01

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VELDHHEER, BRAD			HIC	94814743202	ACNT	4891LMD642	ICN 435210137900		ASG Y		MOA	
1013940584	0220	022025	-1	99386	25		-388.00	0.00	0.00	0.00	CO-B16	-388.00 0.00
1013940584	0220	022025	-1	36415			-20.00	-15.09	0.00	0.00	CO-45	-4.91 -15.09
1013940584	0220	022025	-1	99406			-23.00	-20.76	0.00	0.00	CO-45	-2.24 -20.76
1013940584	0220	022025	-1	G0442	XU		-30.00	0.00	0.00	0.00	CO-16	-30.00 0.00
REM: M51												
1013940584	0220	022025	-1	G0444	33		-29.45	0.00	0.00	0.00	CO-16	-29.45 0.00
REM: M51												
1013940584	0220	022025	-1	0513F			0.00	0.00	0.00	0.00		0.00
1013940584	0220	022025	-1	G9621			0.00	0.00	0.00	0.00		0.00
1013940584	0220	022025	-1	G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM	TOTALS		-490.45	-35.85	0.00	0.00		-454.60 -35.85
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET -35.85
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 22: Reversal of Previous Payment												

NAME VELDHHEER, BRAD			HIC	94814743202	ACNT	4891LMD642	ICN 435871517400		ASG Y		MOA	
1013940584	0220	022025	1	99396	25		0.00	0.00	0.00	0.00		0.00
1013940584	0220	022025	1	36415			20.00	15.09	0.00	0.00	CO-45	4.91 15.09
1013940584	0220	022025	1	99406			23.00	20.76	0.00	0.00	CO-45	2.24 20.76
1013940584	0220	022025	1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00 0.00
REM: M51												
1013940584	0220	022025	1	G0444	33		29.45	0.00	0.00	0.00	CO-16	29.45 0.00
REM: M51												
1013940584	0220	022025	1	0513F			0.00	0.00	0.00	0.00		0.00
1013940584	0220	022025	1	G9621			0.00	0.00	0.00	0.00		0.00
1013940584	0220	022025	1	G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM	TOTALS		102.45	35.85	0.00	0.00		66.60 35.85
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 35.85
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												

NAME BROWN, TAYLOR			HIC	94916157700	ACNT	5937LMD642	ICN 444453245100		ASG Y		MOA	
1013940584	0404	040425	1	99385	25		341.00	179.90	0.00	0.00	CO-45	161.10 179.90
1013940584	0404	040425	1	G0136	33		34.80	27.10	0.00	0.00	CO-45	7.70 27.10
1013940584	0404	040425	1	96160			10.00	0.00	0.00	0.00	CO-97	10.00 0.00
REM: N19												
1013940584	0404	040425	1	96127			40.00	9.42	0.00	0.00	CO-45	30.58 9.42
1013940584	0404	040425	1	36415			20.00	15.22	0.00	0.00	CO-45	4.78 15.22
1013940584	0404	040425	1	G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0404	040425	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0404	040425	1	3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0404	040425	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0404	040425	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0404	040425	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0404	040425	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0404	040425	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0404	040425	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0404	040425	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0404	040425	1	2010F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM	TOTALS		445.80	231.64	0.00	0.00		214.16 231.64
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 231.64
PLAN TYPE: COREWELL HEALTH EMP GRP												
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
	20	3263.11	2444.09	98.04	61.06	1059.02	2044.99	0.00	2044.99

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-252 An attachment / other documentation is required to adjudicate this claim / service. Check Remittance Remark Codes for details.

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-50 These are non-covered services because this is not deemed a 'medical necessity' by the payer.

CO-96 Non-covered charge(s).

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

CO-B16 Payment adjusted because 'New Patient' qualifications were not met.

M29 Missing operative note / report.

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

M76 Missing / incomplete / invalid diagnosis or condition.

N152 Missing / incomplete / invalid replacement claim information.

N163 Medical record does not support code billed per the code definition.

N19 Procedure code incidental to primary procedure.



PRIORITY HEALTH

NPI #:

1982923660

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N448

This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement

PR-1

Deductible Amount

PR-2

Coinsurance Amount

PR-3

Co-payment Amount

REMITTANCE
ADVICE

