

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: 2025-08-21
 EFT #: 25222B1000336026
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KOSTER, JEFFRY			HIC 94739278700	ACNT 7808LMD642			ICN 456597570900	ASG Y	MOA		
INSURED NAME: KOSTER, JEFF											
1013940584	0804	080425	1	99214		219.00	152.63	0.00	30.53	CO-45	122.10
1013940584	0804	080425	1	G8476		0.00	0.00	0.00	0.00		0.00
1013940584	0804	080425	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0804	080425	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0804	080425	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0804	080425	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0804	080425	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0804	080425	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0804	080425	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0804	080425	1	1160F		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 KOSTER, JEFFRY			HIC 94739278700	ACNT 7810LMD642		ICN 456597573900		ASG Y	MOA		
INSURED NAME: KOSTER, JEFF											
1013940584	0421	042125	1	99213 25	146.00	108.22	0.00	21.64	CO-45	37.78	86.58
1013940584	0421	042125	1	82043 QW	14.70	6.00	0.00	1.20	CO-45	8.70	4.80
1013940584	0421	042125	1	82570 QW	17.85	5.65	0.00	1.13	CO-45	12.20	4.52
1013940584	0421	042125	1	G0446 XU	65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1013940584	0421	042125	1	3074F	0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	1	3079F	0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	1	3061F	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	2001F	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	1000F	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	1160F	0.00	0.00	0.00	0.00			0.00
PT RESP		23.97	CLAIM TOTALS		243.55	151.13	0.00	23.97		92.42	127.16
ADJ TO TOTAL: PREV PD			INTEREST		0.00	LATE FILING CHARGE		0.00	NET	127.16	
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	462.55	303.76	0.00	54.50	158.79	249.26	0.00	249.26

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

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

PR-2 Coinsurance Amount

