

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: 2025-07-03
 EFT #: 25180B1000383963
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	GESINK, ALYSSA		HIC 94761653805	ACNT	6902LMD642			ICN 454276974500	ASG Y	MOA	
1013940584	0610	061025	1	99395	25	297.00	162.24	0.00	0.00	CO-45	134.76 162.24
1013940584	0610	061025	1	G0136	33	65.00	27.10	0.00	0.00	CO-45	37.90 27.10
1013940584	0610	061025	1	G0442	XU	30.00	0.00	0.00	0.00	CO-16	30.00 0.00
				REM: M51							
1013940584	0610	061025	1	G0444	XU	29.45	0.00	0.00	0.00	CO-16	29.45 0.00
				REM: M51							
1013940584	0610	061025	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0610	061025	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0610	061025	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0610	061025	1	G9622		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM	TOTALS	421.45	189.34	0.00	0.00		232.11 189.34
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 189.34
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	421.45	189.34	0.00	0.00	232.11	189.34	0.00	189.34

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).

