

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 #: 25173B1000351520
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME TOMPKINS, DEBRA			HIC 94922358700	ACNT 6929LMD642		ICN 447507678900	ASG Y	MOA			
1013940584	0611	061125	1	99396	25	327.00	172.48	0.00	0.00	CO-45	172.48
1013940584	0611	061125	1	G0136	33	65.00	27.10	0.00	0.00	CO-45	27.10
1013940584	0611	061125	1	36415		20.00	15.22	0.00	0.00	CO-45	15.22
1013940584	0611	061125	1	G0442	XU	30.00	0.00	0.00	0.00	CO-16	0.00
			REM: M51								
1013940584	0611	061125	1	G0444	XU	29.45	0.00	0.00	0.00	CO-16	0.00
			REM: M51								
1013940584	0611	061125	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0611	061125	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0611	061125	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0611	061125	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0611	061125	1	G8417		0.00	0.00	0.00	0.00		0.00
1013940584	0611	061125	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0611	061125	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			471.45	214.80	0.00	0.00	256.65	214.80
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	214.80
PLAN TYPE: WEST MI PARTNERS											
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	471.45	214.80	0.00	0.00	256.65	214.80	0.00	214.80

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).

