

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 5
DATE: 2025-04-17
EFT #: 25103B1000089293
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DEJONG, BETH			HIC 94971083000	ACNT	5779LMD642			ICN 437525576900	ASG Y	MOA	
1013940584	0131	013125	1	90656		35.00	22.35	0.00	0.00	CO-45	22.35
1013940584	0131	013125	1	90471		41.00	28.11	0.00	0.00	CO-45	28.11
PT RESP			0.00	CLAIM TOTALS		76.00	50.46	0.00	0.00		50.46
ADJ TO TOTAL: PREV PD				INTEREST	0.00		LATE FILING CHARGE		0.00	NET	50.46
PLAN TYPE: MY PRIORITY HMO											
STATUS CODE 1: Processed as Primary											

NAME KAMMERAAD, SHARI			HIC 94740962601	ACNT	5691LMD642			ICN 437399101700	ASG Y	MOA	
1013940584	0407	040725	1	99396		327.00	172.48	0.00	0.00	CO-45	172.48
1013940584	0407	040725	1	99213	25	146.00	108.22	0.00	0.00	CO-45	78.22
									PR-3	30.00	
1013940584	0407	040725	1	96127	XU	40.00	9.42	0.00	0.00	CO-45	9.42
1013940584	0407	040725	1	96160	XU	5.30	5.30	0.00	0.00		5.30
1013940584	0407	040725	1	36415		20.00	15.22	0.00	0.00	CO-45	15.22
1013940584	0407	040725	1	G0136	33	34.80	27.10	0.00	0.00	CO-45	27.10
1013940584	0407	040725	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1	G8420		0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP			30.00	CLAIM TOTALS		573.10	337.74	0.00	0.00		307.74
ADJ TO TOTAL: PREV PD				INTEREST	0.00		LATE FILING CHARGE		0.00	NET	307.74
STATUS CODE 1: Processed as Primary											

NAME KAMMERAAD, SHARI			HIC 94740962601	ACNT	5720LMD642			ICN 437454838100	ASG Y	MOA	
1013940584	0407	040725	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 KAREL, MAKAYLA			HIC 94727711903	ACNT	5689LMD642			ICN 437399101500	ASG Y	MOA	
1013940584	0404	040425	1	36415		20.00	15.22	0.00	0.00	CO-45	15.22
PT RESP			0.00	CLAIM TOTALS		20.00	15.22	0.00	0.00		15.22
ADJ TO TOTAL: PREV PD				INTEREST	0.00		LATE FILING CHARGE		0.00	NET	15.22
STATUS CODE 1: Processed as Primary											

NAME KUPERUS, GLENN			HIC 94954725001	ACNT	5770LMD642			ICN 437491710200	ASG Y	MOA	
1013940584	0409	040925	1	99214	25	219.00	152.63	0.00	0.00	CO-45	52.63
									PR-3	100.00	
1013940584	0409	040925	1	82043	QW	14.70	6.00	6.00	0.00	CO-45	0.00
1013940584	0409	040925	1	82570	QW	17.85	5.65	5.65	0.00	CO-45	0.00
1013940584	0409	040925	1	G0447	XU	65.00	31.26	0.00	0.00	CO-45	31.26
1013940584	0409	040925	1	99401	33	65.00	54.70	0.00	0.00	CO-45	54.70
1013940584	0409	040925	1	96372		45.00	20.61	20.61	0.00	CO-45	0.00
1013940584	0409	040925	6	J3301		72.00	5.58	5.58	0.00	CO-45	0.00
1013940584	0409	040925	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0409	040925	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0409	040925	1	3061F		0.00	0.00	0.00	0.00		0.00
1013940584	0409	040925	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0409	040925	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0409	040925	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0409	040925	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0409	040925	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0409	040925	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP			137.84	CLAIM TOTALS		498.55	276.43	37.84	0.00		138.59
ADJ TO TOTAL: PREV PD				INTEREST	0.00		LATE FILING CHARGE		0.00	NET	138.59
PLAN TYPE: MY PRIORITY HMO											
STATUS CODE 1: Processed as Primary											



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25103B1000089293TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 2 of 5REMITTANCE
ADVANCE
DATE: 2025-04-17

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 426345363200			ASG Y	MOA	
1013940584	1226	122624	-1	99213			-146.00	0.00	0.00	0.00	CO-97	-146.00 0.00
REM: N19												
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	99406			-23.00	-19.81	0.00	0.00	CO-45	-3.19 -19.81
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												

NAME NIEMCZYK, DYLAN			HIC	94871891500	ACNT	3773LMD642	ICN 426652182500			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	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	99406			-23.00	0.00	0.00	0.00	CO-252	-23.00 0.00
REM: M29												
PT RESP	0.00				CLAIM TOTALS		-169.00	0.00	0.00	0.00		-169.00 0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 22: Reversal of Previous Payment												

NAME NIEMCZYK, DYLAN			HIC	94871891500	ACNT	3773LMD642	ICN 434532197700			ASG Y	MOA	
1013940584	1226	122624	-1	99213			-146.00	0.00	0.00	0.00	CO-16	-146.00 0.00
REM: N152												
1013940584	1226	122624	-1	99406			-23.00	0.00	0.00	0.00	CO-16	-23.00 0.00
REM: N152												
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	0.00	0.00	0.00		-169.00 0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 22: Reversal of Previous Payment												

NAME NIEMCZYK, DYLAN			HIC	94871891500	ACNT	3773LMD642	ICN 434664588500			ASG Y	MOA	
1013940584	1226	122624	-1	99213	25		-146.00	0.00	0.00	0.00	CO-16	-146.00 0.00
REM: N152												
1013940584	1226	122624	-1	99406			-23.00	0.00	0.00	0.00	CO-16	-23.00 0.00
REM: N152												
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	0.00	0.00	0.00		-169.00 0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 22: Reversal of Previous Payment												

NAME NIEMCZYK, DYLAN			HIC	94871891500	ACNT	3773LMD642	ICN 434676756100			ASG Y	MOA	
1013940584	1226	122624	-1	99213	25		-146.00	0.00	0.00	0.00	CO-16	-146.00 0.00
REM: N152												
1013940584	1226	122624	-1	99406			-23.00	0.00	0.00	0.00	CO-16	-23.00 0.00
REM: N152												
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	0.00	0.00	0.00		-169.00 0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 22: Reversal of Previous Payment												



PRIORITY HEALTH

NPI #: 1982923660
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PAGE #: 3 of 5REMITTANCE
ADVICE
DATE: 2025-04-17

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 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 1: Processed as Primary											

NAME PARSONS, MARJORIE			HIC 94710466200	ACNT 5712LMD642	ICN 437454839400		ASG Y	MOA			
1013940584	0407	040725	1 99213			146.00	108.22	0.00	0.00	CO-45 PR-3	37.78 73.22
1013940584	0407	040725	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	35.00		CLAIM TOTALS			146.00	108.22	0.00	0.00		72.78 73.22
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 73.22
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 1: Processed as Primary											

NAME POSTMA, THERESA			HIC 94900028200	ACNT 5763LMD642	ICN 437491710100		ASG Y	MOA			
1013940584	0409	040925	1 99214 25			219.00	152.63	0.00	0.00	CO-45 PR-3	66.37 147.63
1013940584	0409	040925	1 G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0409	040925	1 96127 XU			40.00	9.42	0.00	0.00	CO-45	30.58 9.42
1013940584	0409	040925	1 3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0409	040925	1 3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0409	040925	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0409	040925	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0409	040925	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0409	040925	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0409	040925	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0409	040925	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	5.00		CLAIM TOTALS			259.00	162.05	0.00	0.00		101.95 157.05
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 157.05
PLAN TYPE: MY PRIORITY HMO											
STATUS CODE 1: Processed as Primary											

NAME REISH, JULIA			HIC 94830292900	ACNT 5675LMD642	ICN 437399100300		ASG Y	MOA			
1013940584	0402	040225	1 99395 25			297.00	162.24	0.00	0.00	CO-45	134.76 162.24
1013940584	0402	040225	1 96127 XU			40.00	9.42	0.00	0.00	CO-45	30.58 9.42
1013940584	0402	040225	1 96160 XU			5.30	5.30	0.00	0.00		5.30
1013940584	0402	040225	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0402	040225	1 3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0402	040225	1 G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0402	040225	1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			342.30	176.96	0.00	0.00		165.34 176.96
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 176.96
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 1: Processed as Primary											



PRIORITY HEALTH

NPI #: 1982923660
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PAGE #: 4 of 5REMITTANCE
ADVICE
DATE: 2025-04-17

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ROSE, TIMOTHY			HIC	94975827400	ACNT	3587LMD642	ICN 435210135700		ASG Y	MOA		
1013940584	1018	101824	-1	99385	25		-341.00	-175.84	0.00	0.00	CO-45	-175.84
1013940584	1018	101824	-1	36415			-15.00	-13.98	0.00	0.00	CO-45	-13.98
1013940584	1018	101824	-1	G0444	XU		-30.00	0.00	0.00	0.00	CO-16	0.00
REM: M51												
1013940584	1018	101824	-1	G0442	XU		-30.00	0.00	0.00	0.00	CO-16	0.00
REM: M51												
1013940584	1018	101824	-1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1018	101824	-1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1018	101824	-1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	1018	101824	-1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	1018	101824	-1	G8510			0.00	0.00	0.00	0.00		0.00
PT RESP 0.00			CLAIM TOTALS				-416.00	-189.82	0.00	0.00		-189.82
ADJ TO TOTAL: PREV PD			INTEREST				0.00				0.00	NET -189.82
PLAN TYPE: MY PRIORITY HMO												
STATUS CODE 22: Reversal of Previous Payment												

NAME ROSE, TIMOTHY			HIC	94975827400	ACNT	3587LMD642	ICN 435244518400		ASG Y	MOA		
1013940584	1018	101824	1	99395	25		297.00	158.40	0.00	0.00	CO-45	158.40
1013940584	1018	101824	1	36415			15.00	13.98	0.00	0.00	CO-45	13.98
1013940584	1018	101824	1	96127	XU		40.00	9.34	0.00	0.00	CO-45	9.34
1013940584	1018	101824	1	96127	XU		40.00	9.34	0.00	0.00	CO-45	9.34
1013940584	1018	101824	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1018	101824	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1018	101824	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	1018	101824	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	1018	101824	1	G8510			0.00	0.00	0.00	0.00		0.00
PT RESP 0.00			CLAIM TOTALS				392.00	191.06	0.00	0.00		191.06
ADJ TO TOTAL: PREV PD			INTEREST				0.00				0.00	NET 191.06
PLAN TYPE: MY PRIORITY HMO												
STATUS CODE 1: Processed as Primary												

NAME SMITH, HOPE			HIC	94920898601	ACNT	5711LMD642	ICN 437399103800		ASG Y	MOA		
1013940584	0407	040725	1	99214	25		219.00	152.63	0.00	30.53	CO-45	122.10
1013940584	0407	040725	1	36415			20.00	15.22	0.00	0.00	CO-45	15.22
1013940584	0407	040725	1	G0447	XU		65.00	31.26	0.00	0.00	CO-45	31.26
1013940584	0407	040725	1	99401	33		65.00	54.70	0.00	0.00	CO-45	54.70
1013940584	0407	040725	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP 30.53			CLAIM TOTALS				369.00	253.81	0.00	30.53		223.28
ADJ TO TOTAL: PREV PD			INTEREST				0.00				0.00	NET 223.28
STATUS CODE 1: Processed as Primary												

NAME WYCHERS, PRESTON			HIC	94890348803	ACNT	3143LMD642	ICN 435871516800		ASG Y	MOA		
1013940584	1118	111824	1	99395	25		297.00	158.40	0.00	0.00	OA-23	0.00
1013940584	1118	111824	1	96127	XU		40.00	9.34	0.00	0.00	OA-23	0.00
1013940584	1118	111824	1	96127	XU		40.00	9.34	0.00	0.00	OA-23	0.00
1013940584	1118	111824	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	2000F			0.00	0.00	0.00	0.00		0.00
PT RESP 0.00			CLAIM TOTALS				377.00	177.08	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD			INTEREST				0.00				0.00	NET 0.00
STATUS CODE 2: Processed as Secondary												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	18	1960.96	1559.22	37.85	30.53	748.82	1143.76	0.00	1143.76

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-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another



PRIORITY HEALTH

REMITTANCE

NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC [900068405]

ADVICE

EFT #: 25103B1000089293 PAGE #: 5 of 5
service / procedure that has already been adjudicated

DATE: 2025-04-17

M29 Missing operative note / report.

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

N152 Missing / incomplete / invalid replacement claim information.

N19 Procedure code incidental to primary procedure.

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

PR-1 Deductible Amount

PR-2 Coinsurance Amount

PR-3 Co-payment Amount

