

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: 2025-05-22
 EFT #: 25131B1000377810
 TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BURKE, GEORGE				HIC	94936727401	ACNT	6253LMD642	ICN 445265001300				ASG Y	MOA	
1306898036	0507	050725		1	99396	25		327.00	172.48	0.00	0.00	CO-45	154.52	172.48
1306898036	0507	050725		1	G0136	33		65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1306898036	0507	050725		1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1306898036	0507	050725		1	90715			87.00	55.15	0.00	0.00	CO-45	31.85	55.15
1306898036	0507	050725		1	90471			41.00	28.36	0.00	0.00	CO-45	12.64	28.36
1306898036	0507	050725		1	81003			33.60	0.00	0.00	0.00	PR-96	33.60	0.00
REM: N174														
1306898036	0507	050725		1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00	0.00
REM: M51														
1306898036	0507	050725		1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45	0.00
REM: M51														
1306898036	0507	050725		1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0507	050725		1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0507	050725		1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0507	050725		1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0507	050725		1	3079F			0.00	0.00	0.00	0.00			0.00
PT RESP	33.60				CLAIM	TOTALS		633.05	298.31	0.00	0.00		334.74	298.31
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	298.31
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	633.05	298.31	0.00	0.00	334.74	298.31	0.00	298.31

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).
 N174 This is not a covered service / procedure/ equipment / bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'.
 PR-96 Non-covered charge(s).

