

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 2
DATE: 2025-03-13
EFT #: 25068B1000438423
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ANDERSON, WILLOW			HIC 1101077598	ACNT 5107LMD642		ICN 435871518900	ASG Y	MOA			
1306898036	0305	030525	1 99214	25		219.00	110.16	0.00	0.00	CO-45	108.84 110.16
1306898036	0305	030525	1 97802			68.04	0.00	0.00	0.00	CO-97	68.04 0.00
REM: M15											
1306898036	0305	030525	1 G8420			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1 1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			287.04	110.16	0.00	0.00		176.88 110.16
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 110.16
STATUS CODE 1: Processed as Primary											

NAME GODLEY, LYRIC			HIC 1084002022	ACNT 3903LMD642		ICN 426993520000	ASG Y	MOA			
1306898036	1014	101424	-1 99495			-396.24	-132.27	0.00	0.00	CO-45	-263.97 -132.27
1306898036	1014	101424	-1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	-1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	-1 G8476			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	-1 G8420			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	-1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	-1 G0442	XU		-30.00	0.00	0.00	0.00	CO-16	-30.00 0.00
REM: M51											
1306898036	1014	101424	-1 G0444	XU		-29.45	0.00	0.00	0.00	CO-16	-29.45 0.00
REM: M51											
1306898036	1014	101424	-1 G8431			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			-455.69	-132.27	0.00	0.00		-323.42 -132.27
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET -132.27
STATUS CODE 22: Reversal of Previous Payment											

NAME GODLEY, LYRIC			HIC 1084002022	ACNT 2567LMD642		ICN 435234826400	ASG Y	MOA			
1306898036	1014	101424	1 99496	25		446.00	0.00	0.00	0.00	CO-6	446.00 0.00
1306898036	1014	101424	1 99499			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	1 96127	XU		40.00	2.98	0.00	0.00	CO-45	37.02 2.98
1306898036	1014	101424	1 96127	XU		40.00	2.98	0.00	0.00	CO-45	37.02 2.98
1306898036	1014	101424	1 97802			69.42	0.00	0.00	0.00	CO-97	69.42 0.00
REM: N19											
1306898036	1014	101424	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	1 G8476			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	1 G8420			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	1014	101424	1 G8431			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			595.42	5.96	0.00	0.00		589.46 5.96
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 5.96
STATUS CODE 1: Processed as Primary											



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25068B1000438423

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 2 of 2

REMITTANCE
ADVICE
DATE: 2025-03-13

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	BUHMANN, TRYSTAN		HIC	94801891700	ACNT	4677LMD642			ICN	434906058000	ASG Y	MOA
1013940584	0206	020625	1	99395			297.00	104.46	0.00	0.00	CO-45	192.54
1013940584	0206	020625	1	36415			20.00	0.00	0.00	0.00	CO-16	20.00
					REM: M76							
1013940584	0206	020625	1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00
					REM: M51							
1013940584	0206	020625	1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45
					REM: M51							
1013940584	0206	020625	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0206	020625	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0206	020625	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0206	020625	1	G8431			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		376.45	104.46	0.00	0.00		271.99
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	NET
STATUS CODE 1:	Processed as Primary											

NAME	LAMBRIGHT, STEVEN		HIC	1135300177	ACNT	5101LMD642			ICN	435871518400	ASG Y	MOA
1013940584	0305	030525	1	99214	25		219.00	82.43	0.00	0.00	CO-45	136.57
1013940584	0305	030525	1	36415			20.00	7.53	0.00	0.00	CO-45	12.47
1013940584	0305	030525	1	3044F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		239.00	89.96	0.00	0.00		149.04
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	NET
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
	5	1042.22	178.27	0.00	0.00	863.95	178.27	0.00	178.27

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.
CO-6	The procedure / revenue code is inconsistent with the patient's age.
CO-97	Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
M15	Separately billed services / tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
M51	Missing / incomplete / invalid procedure code(s).
M76	Missing / incomplete / invalid diagnosis or condition.
N19	Procedure code incidental to primary procedure.

