

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 #: 25138B1000339325  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME LANDIS, CHRISTOPHER			HIC 94958102700	ACNT 4315LMD642		ICN 434190878200	ASG Y	MOA			
INSURED NAME: LANDIS, CHRIS											
1306898036	1231	123124	-1	36415		-20.00	0.00	0.00	0.00	CO-16	-20.00 0.00
			REM: M76			-20.00	0.00	0.00	0.00	-20.00	0.00
PT RESP			0.00			CLAIM TOTALS	-20.00	0.00	0.00	0.00	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 LANDIS, CHRISTOPHER			HIC 94958102700	ACNT 4315LMD642		ICN 437526669500	ASG Y	MOA			
INSURED NAME: LANDIS, CHRIS											
1306898036	1231	123124	1	36415		20.00	13.98	0.00	0.00	CO-45	6.02 13.98
PT RESP			0.00			CLAIM TOTALS	20.00	13.98	0.00	0.00	6.02 13.98
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	13.98
STATUS CODE 1: Processed as Primary											
TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK		
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT		
	2	0.00	13.98	0.00	0.00	-13.98	13.98	0.00	13.98		

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.  
 M76 Missing / incomplete / invalid diagnosis or condition.

