

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: 2025-05-01
 EFT #: 25117B1000463697
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MACKEY, TONYA			HIC	80026151300	ACNT	5367LMD642			ICN	436535453600	ASG Y MOA
1013940584	0318	031825	-1	99214	25	-241.68	-120.84	0.00	0.00	CO-45	-120.84 -118.42
1013940584	0318	031825	-1	G2211		-25.00	-15.26	0.00	0.00	CO-253	-2.42
1013940584	0318	031825	-1	G0447	XU	0.00	0.00	0.00	0.00	CO-45	-9.74 -14.95
1013940584	0318	031825	-1	99401	33	0.00	0.00	0.00	0.00	CO-253	-0.31
1013940584	0318	031825	-1	99406		-23.00	0.00	0.00	0.00	CO-96	-23.00 0.00
REM: N115											
1013940584	0318	031825	-1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	-1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	-1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	-1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	-1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	-1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	-1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	-1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM	TOTALS	-289.68	-136.10	0.00	0.00		-156.31 -133.37
ADJ TO TOTAL: PREV PD						0.00		LATE FILING CHARGE		0.00	NET -133.37
STATUS CODE 22: Reversal of Previous Payment											

NAME MACKEY, TONYA			HIC	80026151300	ACNT	5367LMD642			ICN	436805646400	ASG Y MOA
1013940584	0318	031825	1	99214	25	241.68	0.00	0.00	0.00	CO-16	241.68 0.00
REM: M79											
1013940584	0318	031825	1	G2211		25.00	0.00	0.00	0.00	CO-16	25.00 0.00
REM: M79											
1013940584	0318	031825	1	G0447	XU	65.00	0.00	0.00	0.00	CO-16	65.00 0.00
REM: M79											
1013940584	0318	031825	1	99401	33	65.00	0.00	0.00	0.00	CO-16	65.00 0.00
REM: M79											
1013940584	0318	031825	1	99406		23.00	0.00	0.00	0.00	CO-16	23.00 0.00
REM: M79											
1013940584	0318	031825	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM	TOTALS	419.68	0.00	0.00	0.00		419.68 0.00
ADJ TO TOTAL: PREV PD						0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 1: Processed as Primary											



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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	MACKEY, TONYA					HIC 80026151300	ACNT	5367LMD642			ICN 436876864500	ASG Y	MOA	
1013940584	0318	031825		1	99214	25		241.68	120.84	0.00	0.00	CO-45	120.84	118.42
1013940584	0318	031825		1	G2211			25.00	15.26	0.00	0.00	CO-253	2.42	
												CO-45	9.74	14.95
												CO-253	0.31	
1013940584	0318	031825		1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
1013940584	0318	031825		1	99401	33		65.00	0.00	0.00	0.00	CO-253	0.62	
						REM: N19						CO-97	65.00	0.00
1013940584	0318	031825		1	99406	33		23.00	0.00	0.00	0.00	CO-96	23.00	0.00
						REM: N115								
1013940584	0318	031825		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0318	031825		1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0318	031825		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0318	031825		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0318	031825		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0318	031825		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0318	031825		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0318	031825		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		419.68	167.04	0.00	0.00		255.99	163.69
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	163.69
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
	3	549.68	30.94	0.00	0.00	519.36	30.32	0.00	30.32

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-253 Sequestration - reduction in federal spending
- CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
- CO-96 Non-covered charge(s).
- 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
- M79 Missing / incomplete / invalid charge.
- N115 This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD).An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd>, or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.
- N19 Procedure code incidental to primary procedure.

