

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: 2025-03-27
 EFT #: 25075B1000336971
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ELLIOTT, SONYA			HIC	94819040900	ACNT	5236LMD642		ICN	436174611800	ASG Y	MOA
1013940584	0312	031225	1	99214	25	241.68	151.33	0.00	30.27	CO-45	121.06
1013940584	0312	031225	1	36415		20.00	15.09	0.00	0.00	CO-45	15.09
1013940584	0312	031225	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0312	031225	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0312	031225	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0312	031225	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0312	031225	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0312	031225	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0312	031225	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0312	031225	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	30.27		CLAIM TOTALS			261.68	166.42	0.00	30.27		136.15
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	136.15
STATUS CODE 1: Processed as Primary											
<hr/>											
TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT		
	1	261.68	166.42	0.00	30.27	95.26	136.15	0.00	136.15		

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-2 Coinsurance Amount

