

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 4
DATE: 2025-07-03
EFT #: 25180B1000099528
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME ENDRES, LISA				HIC	94933270600	ACNT	7028LMD642	ICN 454215058900		ASG Y		MOA		
1306898036	0617	061725		1	99214	25		219.00	152.63	0.00	0.00	CO-45	66.37	127.63
												PR-3	25.00	
1306898036	0617	061725		1	99401	25		65.00	54.70	0.00	0.00	CO-45	10.30	54.70
1306898036	0617	061725		1	G0446	XU		65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1306898036	0617	061725		1	G0447	XU		65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1306898036	0617	061725		1	G2211			25.00	0.00	0.00	0.00	CO-97	25.00	0.00
1306898036	0617	061725		1	G8476			0.00	0.00	0.00	0.00			0.00
1306898036	0617	061725		1	G8417			0.00	0.00	0.00	0.00			0.00
1306898036	0617	061725		1	G8427			0.00	0.00	0.00	0.00			0.00
1306898036	0617	061725		1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0617	061725		1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0617	061725		1	1036F			0.00	0.00	0.00	0.00			0.00
PT RESP	25.00					CLAIM TOTALS		439.00	269.85	0.00	0.00		194.15	244.85
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	244.85
PLAN TYPE: WEST MI PARTNERS														
STATUS CODE 1: Processed as Primary														

NAME BROCK, TROY				HIC	95000258900	ACNT	7142LMD642	ICN 454276978700		ASG Y		MOA		
1013940584	0624	062425		1	99214	25		219.00	152.63	0.00	0.00	CO-45	66.37	152.63
1013940584	0624	062425		1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425		1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425		1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		219.00	152.63	0.00	0.00		66.37	152.63
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	152.63
STATUS CODE 1: Processed as Primary														

NAME FERGUSON, ADAM				HIC	94989078700	ACNT	7174LMD642	ICN 454390625500		ASG Y		MOA		
1013940584	0626	062625		1	99396	25		327.00	172.48	0.00	0.00	CO-45	154.52	172.48
1013940584	0626	062625		1	G0136	33		34.80	27.10	0.00	0.00	CO-45	7.70	27.10
1013940584	0626	062625		1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00	0.00
						REM: M51								
1013940584	0626	062625		1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45	0.00
						REM: M51								
1013940584	0626	062625		1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1013940584	0626	062625		1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0626	062625		1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0626	062625		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0626	062625		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0626	062625		1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0626	062625		1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0626	062625		1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		441.25	214.80	0.00	0.00		226.45	214.80
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	214.80
PLAN TYPE: WEST MI PARTNERS														
STATUS CODE 1: Processed as Primary														

NAME HOFF, BRIAN				HIC	94719893100	ACNT	6804LMD642	ICN 446697734200		ASG Y		MOA		
1013940584	0604	060425		1	99499			0.01	0.00	0.00	0.00	CO-96	0.01	0.00
						REM: N174								
PT RESP	0.00					CLAIM TOTALS		0.01	0.00	0.00	0.00		0.01	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary														



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NPI #: 1982923660
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ADVICE
DATE: 2025-07-03

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KAREL, MADISON			HIC	94727711905	ACNT	7030LMD642	ICN 454215060100		ASG Y	MOA		
1013940584	0617	061725	1	99394	25		289.00	158.52	0.00	0.00	CO-45	158.52
1013940584	0617	061725	1	G0136	33		65.00	27.10	0.00	0.00	CO-45	27.10
1013940584	0617	061725	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0617	061725	1	3078F			0.00	0.00	0.00	0.00		0.00
PT RESP			0.00	CLAIM TOTALS			354.00	185.62	0.00	0.00		185.62
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	168.38	185.62
STATUS CODE 1: Processed as Primary												

NAME KAREL, MAKAYLA			HIC	94727711903	ACNT	7029LMD642	ICN 454215059500		ASG Y	MOA		
1013940584	0617	061725	1	99395	25		297.00	162.24	0.00	0.00	CO-45	162.24
1013940584	0617	061725	1	G0136	33		34.80	27.10	0.00	0.00	CO-45	27.10
1013940584	0617	061725	1	90620			320.00	270.18	0.00	0.00	CO-45	270.18
1013940584	0617	061725	1	90460			41.00	28.36	0.00	0.00	CO-45	28.36
1013940584	0617	061725	1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	0.00
			REM: M51									
1013940584	0617	061725	1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	0.00
			REM: M51									
1013940584	0617	061725	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0617	061725	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0617	061725	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0617	061725	1	3079F			0.00	0.00	0.00	0.00		0.00
PT RESP			0.00	CLAIM TOTALS			752.25	487.88	0.00	0.00		487.88
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	264.37	487.88
STATUS CODE 1: Processed as Primary												

NAME KOPERSKI, JEFFREY			HIC	94967411600	ACNT	7182LMD642	ICN 454390626200		ASG Y	MOA		
1013940584	0627	062725	1	99214	25		219.00	152.63	152.63	0.00	CO-45	0.00
1013940584	0627	062725	1	G2211			25.00	0.00	0.00	0.00	CO-97	0.00
1013940584	0627	062725	1	G0447	XU		65.00	31.26	0.00	0.00	CO-45	31.26
1013940584	0627	062725	1	99401	25		65.00	54.70	0.00	0.00	CO-45	54.70
1013940584	0627	062725	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0627	062725	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0627	062725	1	1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0627	062725	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0627	062725	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0627	062725	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0627	062725	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0627	062725	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0627	062725	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP			152.63	CLAIM TOTALS			374.00	238.59	152.63	0.00		85.96
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	135.41	85.96
STATUS CODE 1: Processed as Primary												

NAME NICASTRO, GIUSEPPE			HIC	94849836600	ACNT	7000LMD642	ICN 454055661600		ASG Y	MOA		
1013940584	0509	050925	1	99213			146.00	108.22	108.22	0.00	CO-45	0.00
1013940584	0509	050925	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0509	050925	1	G8476			0.00	0.00	0.00	0.00		0.00
1013940584	0509	050925	1	G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0509	050925	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0509	050925	1	3074F			0.00	0.00	0.00	0.00		0.00
PT RESP			108.22	CLAIM TOTALS			146.00	108.22	108.22	0.00		0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	37.78	0.00
STATUS CODE 1: Processed as Primary												

NAME NICASTRO, GIUSEPPE			HIC	94849836600	ACNT	7001LMD642	ICN 454055663500		ASG Y	MOA		
1013940584	0616	061625	1	99214			219.00	152.63	152.63	0.00	CO-45	0.00
1013940584	0616	061625	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0616	061625	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0616	061625	1	3078F			0.00	0.00	0.00	0.00		0.00
PT RESP			152.63	CLAIM TOTALS			219.00	152.63	152.63	0.00		0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	66.37	0.00
STATUS CODE 1: Processed as Primary												



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NPI #: 1982923660
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ADVICE
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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME OOSTERHOUSE, JONATHAN				HIC	94920941000	ACNT	7074LMD642	ICN 454214243700		ASG Y		MOA		
1013940584	0618	061825		1	99215	25		295.00	214.86	0.00	0.00	CO-45	80.14	174.86
												PR-3	40.00	
1013940584	0618	061825		1	93000			71.00	21.45	0.00	0.00	CO-45	49.55	21.45
1013940584	0618	061825		1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1013940584	0618	061825		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0618	061825		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0618	061825		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0618	061825		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0618	061825		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0618	061825		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP 40.00				CLAIM TOTALS				386.00	251.53	0.00	0.00		174.47	211.53
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	211.53	
STATUS CODE 1: Processed as Primary														

NAME PARSONS, MARJORIE				HIC	94710466200	ACNT	7120LMD642	ICN 454214246600		ASG Y		MOA		
1013940584	0605	060525		1	99214	25		219.00	152.63	0.00	0.00	CO-45	66.37	117.63
												PR-3	35.00	
1013940584	0605	060525		1	83036	QW		0.00	0.00	0.00	0.00			0.00
1013940584	0605	060525		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0605	060525		1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0605	060525		1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0605	060525		1	3052F			0.00	0.00	0.00	0.00			0.00
1013940584	0605	060525		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0605	060525		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0605	060525		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0605	060525		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0605	060525		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0605	060525		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP 35.00				CLAIM TOTALS				219.00	152.63	0.00	0.00		101.37	117.63
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	117.63	
PLAN TYPE: COREWELL HEALTH EMP GRP														
STATUS CODE 1: Processed as Primary														

NAME SCHIERBEEK, MARCIA				HIC	94944236000	ACNT	7131LMD642	ICN 454214255300		ASG Y		MOA		
1013940584	0624	062425		1	99215	25		295.00	202.70	0.00	0.00	CO-45	92.30	177.70
												PR-3	25.00	
1013940584	0624	062425		1	93000			71.00	20.24	0.00	0.00	CO-45	50.76	20.24
1013940584	0624	062425		1	36415			20.00	14.36	0.00	0.00	CO-45	5.64	14.36
1013940584	0624	062425		1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425		1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425		1	3044F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP 25.00				CLAIM TOTALS				386.00	237.30	0.00	0.00		173.70	212.30
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	212.30	
STATUS CODE 1: Processed as Primary														

NAME SCHUITEMA, DANIEL				HIC	94920208301	ACNT	7166LMD642	ICN 454331457500		ASG Y		MOA		
INSURED NAME: SCHUITEMA, DAN														
1013940584	0109	010925		1	36415			15.00	15.00	0.00	0.00			15.00
PT RESP 0.00				CLAIM TOTALS				15.00	15.00	0.00	0.00		0.00	15.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	15.00	
STATUS CODE 1: Processed as Primary														

NAME VANDERKAM, LORI				HIC	94909207000	ACNT	7121LMD642	ICN 454214247500		ASG Y		MOA		
1013940584	0623	062325		1	99396	25		327.00	172.48	0.00	0.00	CO-45	154.52	172.48
1013940584	0623	062325		1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1013940584	0623	062325		1	G9899			0.00	0.00	0.00	0.00			0.00
1013940584	0623	062325		2	96127	XU		80.00	18.85	0.00	0.00	CO-45	61.15	18.85
1013940584	0623	062325		1	G0136	33		34.80	27.10	0.00	0.00	CO-45	7.70	27.10
1013940584	0623	062325		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0623	062325		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0623	062325		1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0623	062325		1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0623	062325		1	1036F			0.00	0.00	0.00	0.00			0.00
PT RESP 0.00				CLAIM TOTALS				461.80	233.65	0.00	0.00		228.15	233.65
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	233.65	
PLAN TYPE: COREWELL HLTH WMI NTWK														
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 VANTUINEN, AIMEE			HIC 94998128200	ACNT	7114LMD642	ICN 454057997000		ASG Y	MOA		
1013940584	0619	061925	1 36415			20.00	15.22	0.00	0.00	CO-45	15.22
PT RESP			0.00	CLAIM TOTALS		20.00	15.22	0.00	0.00		15.22
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE		0.00	NET	15.22
PLAN TYPE: MY PRIORITY HMO											
STATUS CODE 1: Processed as Primary											

NAME VANTUINEN, AIMEE			HIC 94998128200	ACNT	7118LMD642	ICN 454214244500		ASG Y	MOA		
1013940584	0623	062325	1 99396 25			327.00	172.48	0.00	0.00	CO-45	172.48
1013940584	0623	062325	1 G0442 XU			30.00	0.00	0.00	0.00	CO-16	0.00
				REM: M51							
1013940584	0623	062325	1 G0444 XU			29.45	0.00	0.00	0.00	CO-16	0.00
				REM: M51							
1013940584	0623	062325	1 G0136 33			65.00	27.10	0.00	0.00	CO-45	27.10
1013940584	0623	062325	1 G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0623	062325	1 G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0623	062325	1 1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0623	062325	1 3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0623	062325	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0623	062325	1 3074F			0.00	0.00	0.00	0.00		0.00
PT RESP			0.00	CLAIM TOTALS		451.45	199.58	0.00	0.00		199.58
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE		0.00	NET	199.58
PLAN TYPE: MY PRIORITY HMO											
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
	16	4883.76	2915.13	413.48	0.00	2093.63	2376.65	0.00	2376.65

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-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

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-1 Deductible Amount

PR-3 Co-payment Amount

