

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: 2025-04-10  
EFT #: 25089B1000331473  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BAUMGARD, KIMBERLY			HIC 94704543900	ACNT	5520LMD642			ICN 436876868000	ASG Y	MOA	
1013940584	1213	121324	1	90656		35.00	22.35	0.00	0.00	CO-45	22.35
1013940584	1213	121324	1	90471		41.00	28.11	0.00	0.00	CO-45	28.11
PT RESP	0.00			CLAIM TOTALS		76.00	50.46	0.00	0.00		50.46
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	50.46
STATUS CODE 1: Processed as Primary											

NAME BAUMGARD, KIMBERLY			HIC 94704543900	ACNT	5521LMD642			ICN 436876868200	ASG Y	MOA	
1013940584	1213	121324	1	83036 QW		60.90	0.00	0.00	0.00	OA-18	0.00
1013940584	1213	121324	1	3046F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		60.90	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 1: Processed as Primary											

NAME BAUMGARD, KIMBERLY			HIC 94704543900	ACNT	5522LMD642			ICN 436876868300	ASG Y	MOA	
1013940584	0317	031725	1	36415		20.00	15.09	0.00	0.00	CO-45	15.09
PT RESP	0.00			CLAIM TOTALS		20.00	15.09	0.00	0.00		15.09
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	15.09
STATUS CODE 1: Processed as Primary											

NAME SCHUMAKER, JOEL			HIC 94732734600	ACNT	4578LMD642			ICN 434481085100	ASG Y	MOA	
1013940584	1113	111324	-1	99386		-388.00	0.00	0.00	0.00	CO-B16	0.00
1013940584	1113	111324	-1	36415		-15.00	-13.98	0.00	0.00	CO-45	-13.98
1013940584	1113	111324	-1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	1113	111324	-1	G0444 33		-29.45	0.00	0.00	0.00	CO-16	0.00
						REM: M51					
1013940584	1113	111324	-1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	1113	111324	-1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	1113	111324	-1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	1113	111324	-1	G0442 XU		-30.00	0.00	0.00	0.00	CO-16	0.00
						REM: M51					
PT RESP	0.00			CLAIM TOTALS		-462.45	-13.98	0.00	0.00		-13.98
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	-13.98
STATUS CODE 22: Reversal of Previous Payment											

NAME SCHUMAKER, JOEL			HIC 94732734600	ACNT	4578LMD642			ICN 435244301100	ASG Y	MOA	
1013940584	1113	111324	1	99396 25		327.00	0.00	0.00	0.00	CO-16	0.00
						REM: M76					
1013940584	1113	111324	1	36415		15.00	13.98	0.00	0.00	CO-45	13.98
1013940584	1113	111324	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	1113	111324	1	G0444 33		29.45	0.00	0.00	0.00	CO-16	0.00
						REM: M51					
1013940584	1113	111324	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	1113	111324	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	1113	111324	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	1113	111324	1	G0442 XU		30.00	0.00	0.00	0.00	CO-16	0.00
						REM: M51					
PT RESP	0.00			CLAIM TOTALS		401.45	13.98	0.00	0.00		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 CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	5	95.90	65.55	0.00	0.00	30.35	65.55	0.00	65.55

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-B16 Payment adjusted because 'New Patient' qualifications were not met.  
M51 Missing / incomplete / invalid procedure code(s).  
M76 Missing / incomplete / invalid diagnosis or condition.  
OA-18 Duplicate claim / service.

