

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 3
DATE: 2025-04-10
EFT #: 25096B1000096125
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HART, ANNE			HIC 94968733900	ACNT 5552LMD642		ICN 437070321400	ASG Y	MOA			
1306898036	0328	032825	1 99213		146.00	107.30	0.00	32.19	CO-45	38.70	75.11
1306898036	0328	032825	1 3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825	1 3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825	1 G8420		0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825	1 1036F		0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825	1 3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825	1 2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825	1 2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825	1 1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825	1 1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825	1 1160F		0.00	0.00	0.00	0.00			0.00
PT RESP 32.19			CLAIM TOTALS		146.00	107.30	0.00	32.19		38.70	75.11
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	75.11
PLAN TYPE: COREWELL HLTH WMI NTWK											
STATUS CODE 1: Processed as Primary											

NAME JABLONSKI, JOSEPH			HIC 95001580000	ACNT 5617LMD642		ICN 437200891500	ASG Y	MOA			
1306898036	0402	040225	1 99213 25		146.00	0.00	0.00	0.00	CO-16	146.00	0.00
			REM: M76								
1306898036	0402	040225	1 81003		33.60	2.47	2.47	0.00	CO-45	31.13	0.00
1306898036	0402	040225	1 3075F		0.00	0.00	0.00	0.00			0.00
1306898036	0402	040225	1 3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0402	040225	1 1036F		0.00	0.00	0.00	0.00			0.00
1306898036	0402	040225	1 3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0402	040225	1 2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0402	040225	1 2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0402	040225	1 1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0402	040225	1 1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0402	040225	1 1160F		0.00	0.00	0.00	0.00			0.00
PT RESP 2.47			CLAIM TOTALS		179.60	2.47	2.47	0.00		177.13	0.00
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: COREWELL HLTH WMI NTWK											
STATUS CODE 1: Processed as Primary											

NAME CHAFFIN, WILLIAM			HIC 94953220401	ACNT 5644LMD642		ICN 437200893000	ASG Y	MOA			
1013940584	0403	040325	1 85610		21.00	4.59	0.00	0.00	CO-45	16.41	4.59
PT RESP 0.00			CLAIM TOTALS		21.00	4.59	0.00	0.00		16.41	4.59
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	4.59
PLAN TYPE: COREWELL HLTH WMI NTWK											
STATUS CODE 1: Processed as Primary											

NAME CHAFFIN, WILLIAM			HIC 94953220401	ACNT 5645LMD642		ICN 437200893100	ASG Y	MOA			
1013940584	0312	031225	1 85610		21.00	4.55	0.00	0.00	CO-45	16.45	4.55
PT RESP 0.00			CLAIM TOTALS		21.00	4.55	0.00	0.00		16.45	4.55
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	4.55
PLAN TYPE: COREWELL HLTH WMI NTWK											
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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME PETERS, GREGORY			HIC	94975582900	ACNT	5594LMD642	ICN 437124924700		ASG Y	MOA			
1013940584	0401	040125	1	99214	25		219.00	152.63	0.00	30.53	CO-45	66.37	122.10
1013940584	0401	040125	1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1013940584	0401	040125	1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0401	040125	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0401	040125	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0401	040125	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0401	040125	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0401	040125	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0401	040125	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0401	040125	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0401	040125	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		30.53	CLAIM TOTALS				239.00	167.85	0.00	30.53		71.15	137.32
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	137.32
STATUS CODE 1: Processed as Primary													

NAME PUNCHES, BRIAN			HIC	94997884201	ACNT	5636LMD642	ICN 437200892600		ASG Y	MOA			
1013940584	0113	011325	1	98966			25.18	0.00	0.00	0.00	CO-96	25.18	0.00
							REM: N448						
PT RESP		0.00	CLAIM TOTALS				25.18	0.00	0.00	0.00		25.18	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: MY PRIORITY HMO													
STATUS CODE 1: Processed as Primary													

NAME VANSFLEET, MARY			HIC	94997671901	ACNT	5577LMD642	ICN 437124924100		ASG Y	MOA			
1013940584	0331	033125	1	99396	25		327.00	171.02	0.00	0.00	CO-45	155.98	171.02
1013940584	0331	033125	1	G0136	33		34.80	26.87	0.00	0.00	CO-45	7.93	26.87
1013940584	0331	033125	1	99401	33		0.00	0.00	0.00	0.00			0.00
1013940584	0331	033125	1	G0447	XU		0.00	0.00	0.00	0.00			0.00
1013940584	0331	033125	1	36415			20.00	15.09	0.00	0.00	CO-45	4.91	15.09
1013940584	0331	033125	1	97803			59.34	0.00	0.00	0.00	CO-97	59.34	0.00
							REM: N19						
1013940584	0331	033125	1	96127	XU		40.00	9.34	0.00	0.00	CO-45	30.66	9.34
1013940584	0331	033125	1	96160	XU		10.00	5.71	0.00	0.00	CO-45	4.29	5.71
1013940584	0331	033125	1	G8417			0.00	0.00	0.00	0.00			0.00
1013940584	0331	033125	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0331	033125	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0331	033125	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0331	033125	1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00	CLAIM TOTALS				491.14	228.03	0.00	0.00		263.11	228.03
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	228.03
PLAN TYPE: MY PRIORITY HMO													
STATUS CODE 1: Processed as Primary													

NAME VANSFLEET, MARY			HIC	94997671901	ACNT	5607LMD642	ICN 437124926400		ASG Y	MOA			
1013940584	0331	033125	1	99499			0.01	0.01	0.00	0.01			0.00
PT RESP		0.01	CLAIM TOTALS				0.01	0.01	0.00	0.01		0.00	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: MY PRIORITY HMO													
STATUS CODE 1: Processed as Primary													

NAME WALDO, MATTHEW			HIC	94987589402	ACNT	5635LMD642	ICN 437200892500		ASG Y	MOA			
1013940584	0325	032525	1	99381			256.00	171.25	0.00	0.00	CO-45	84.75	171.25
PT RESP		0.00	CLAIM TOTALS				256.00	171.25	0.00	0.00		84.75	171.25
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	171.25
STATUS CODE 1: Processed as Primary													

NAME CHANG, ANNA			HIC	94790105900	ACNT	5493LMD642	ICN 436840867200		ASG Y	MOA			
1306898036	0326	032625	-1	99214	25		-219.00	0.00	0.00	0.00	CO-16	-219.00	0.00
							REM: N769						
1306898036	0326	032625	-1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	-1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	-1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	-1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	-1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	-1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	-1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	-1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	-1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00	CLAIM TOTALS				-219.00	0.00	0.00	0.00		-219.00	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: COREWELL HEALTH EMP GRP													
STATUS CODE 22: Reversal of Previous Payment													



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REMITTANCE
ADVICE
DATE: 2025-04-10

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CHANG, ANNA						HIC 94790105900	ACNT 5493LMD642	ICN 437070847800		ASG Y	MOA
1306898036	0326	032625	1	99214 25		219.00	151.33	151.33	0.00	CO-45	67.67 0.00
1306898036	0326	032625	1	G8420		0.00	0.00	0.00	0.00		0.00
1306898036	0326	032625	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0326	032625	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0326	032625	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0326	032625	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0326	032625	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0326	032625	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0326	032625	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0326	032625	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	151.33			CLAIM TOTALS		219.00	151.33	151.33	0.00		67.67 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 1: Processed as Primary											

NAME HOLWERDA, NATHAN						HIC 94790075003	ACNT 5585LMD642	ICN 437070849300		ASG Y	MOA
1306898036	0401	040125	1	99213		146.00	108.22	108.22	0.00	CO-45	37.78 0.00
1306898036	0401	040125	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0401	040125	1	3079F		0.00	0.00	0.00	0.00		0.00
1306898036	0401	040125	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0401	040125	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0401	040125	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0401	040125	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0401	040125	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0401	040125	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	108.22			CLAIM TOTALS		146.00	108.22	108.22	0.00		37.78 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 1: Processed as Primary											

NAME DYER, JONATHON						HIC 95003649600	ACNT 5648LMD642	ICN 437200893300		ASG Y	MOA
1013940584	0401	040125	1	99396 25		327.00	172.48	0.00	0.00	CO-45	154.52 172.48
1013940584	0401	040125	1	36415		20.00	15.22	0.00	0.00	CO-45	4.78 15.22
1013940584	0401	040125	1	96127 XU		40.00	9.42	0.00	0.00	CO-45	30.58 9.42
1013940584	0401	040125	1	96160 XU		5.30	5.30	0.00	0.00		5.30
1013940584	0401	040125	1	G8420		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	1	G9622		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		392.30	202.42	0.00	0.00		189.88 202.42
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 202.42
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
	13	1917.23	1148.02	262.02	62.73	769.21	823.27	0.00	823.27

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

M76 Missing / incomplete / invalid diagnosis or condition.

N19 Procedure code incidental to primary procedure.

N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement

N769 A lateral diagnosis is required.

PR-1 Deductible Amount

PR-2 Coinsurance Amount

