

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: 2025-04-24
 EFT #: 25103B1000307728
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SMITH, PATRICIA			HIC 94731870400		ACNT 5666LMD642	ICN 437399100200			ASG Y	MOA	
1013940584	0402	040225	1	99213	25	146.00	108.22	108.22	0.00	CO-45	37.78 0.00
1013940584	0402	040225	1	G0447	XU	65.00	31.26	0.00	0.00	CO-45	33.74 31.26
1013940584	0402	040225	1	99401	33	65.00	54.70	0.00	0.00	CO-45	10.30 54.70
1013940584	0402	040225	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0402	040225	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0402	040225	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0402	040225	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0402	040225	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0402	040225	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0402	040225	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0402	040225	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		108.22	CLAIM TOTALS			276.00	194.18	108.22	0.00		81.82 85.96
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 85.96
STATUS CODE 1: Processed as Primary											

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	276.00	194.18	108.22	0.00	81.82	85.96	0.00	85.96

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-1 Deductible Amount

