

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 2  
DATE: 2025-05-15  
EFT #: 25131B1000457340  
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HYDE, WARREN			HIC 1239663325	ACNT	1218LMD642			ICN 444135373400	ASG Y MOA	
1306898036	0719 071924	-1 99393			-270.00	-72.79	0.00	0.00	CO-45	-197.21 -72.79
PT RESP	0.00		CLAIM TOTALS		-270.00	-72.79	0.00	0.00		-197.21 -72.79
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET -72.79
STATUS CODE 22: Reversal of Previous Payment										

NAME HYDE, WARREN			HIC 1239663325	ACNT	1218LMD642			ICN 444135373401	ASG Y MOA	
1306898036	0719 071924	1 99393			270.00	0.00	0.00	0.00	PR-27	270.00 0.00
			REM: N650							
PT RESP	270.00		CLAIM TOTALS		270.00	0.00	0.00	0.00		270.00 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 HYDE, WARREN			HIC 1239663325	ACNT	5555LMD642			ICN 444135373600	ASG Y MOA	
1306898036	0328 032825	-1 99213			-146.00	-58.58	0.00	0.00	CO-45	-87.42 -58.58
1306898036	0328 032825	-1 G8420			0.00	0.00	0.00	0.00		0.00
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 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	0.00		CLAIM TOTALS		-146.00	-58.58	0.00	0.00		-87.42 -58.58
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET -58.58
STATUS CODE 22: Reversal of Previous Payment										

NAME HYDE, WARREN			HIC 1239663325	ACNT	5555LMD642			ICN 444135373601	ASG Y MOA	
1306898036	0328 032825	1 99213			146.00	0.00	0.00	0.00	PR-27	146.00 0.00
			REM: N650							
1306898036	0328 032825	1 G8420			0.00	0.00	0.00	0.00		0.00
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 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	146.00		CLAIM TOTALS		146.00	0.00	0.00	0.00		146.00 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 CHACHULSKI, REBECCA			HIC 0059961701	ACNT	5688LMD642			ICN 437399101200	ASG Y MOA	
1013940584	0407 040725	-1 99215 25			-295.00	0.00	0.00	0.00	CO-16	-295.00 0.00
			REM: N769							
1013940584	0407 040725	-1 G0447 XU			-65.00	0.00	0.00	0.00	CO-96	-65.00 0.00
			REM: N174							
1013940584	0407 040725	-1 99401 33			-65.00	-24.50	0.00	0.00	CO-45	-40.50 -24.50
1013940584	0407 040725	-1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0407 040725	-1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0407 040725	-1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0407 040725	-1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0407 040725	-1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0407 040725	-1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0407 040725	-1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS		-425.00	-24.50	0.00	0.00		-400.50 -24.50
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET -24.50
STATUS CODE 22: Reversal of Previous Payment										



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PAGE #: 2 of 2

REMITTANCE  
ADVICE  
DATE: 2025-05-15

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CHACHULSKI, REBECCA			HIC 0059961701	ACNT 5688LMD642		ICN 444291682000	ASG Y	MOA			
1013940584	0407	040725	1 99215	25		295.00	154.56	0.00	0.00	CO-45	140.44
1013940584	0407	040725	1 G0447	XU		65.00	0.00	0.00	0.00	CO-96	65.00
REM: N174											
1013940584	0407	040725	1 99401	33		65.00	24.50	0.00	0.00	CO-45	40.50
1013940584	0407	040725	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP 0.00			CLAIM TOTALS			425.00	179.06	0.00	0.00		245.94
ADJ TO TOTAL: PREV PD			INTEREST			0.00					179.06
STATUS CODE 1: Processed as Primary										0.00	NET

NAME WILLIAMSON, BOBBY			HIC 0037709141	ACNT 6143LMD642		ICN 445164236400	ASG Y	MOA			
1013940584	0501	050125	1 99396	25		327.00	89.89	0.00	0.00	CO-45	237.11
1013940584	0501	050125	1 G0513			118.72	0.00	0.00	0.00	CO-4	118.72
1013940584	0501	050125	1 97803			22.00	0.00	0.00	0.00	CO-97	22.00
REM: N19											
1013940584	0501	050125	1 36415			20.00	7.53	0.00	0.00	CO-45	12.47
1013940584	0501	050125	1 G0447	XU		0.00	0.00	0.00	0.00		0.00
1013940584	0501	050125	1 G0136	33		34.80	12.14	0.00	0.00	CO-45	22.66
1013940584	0501	050125	1 96127	XU		40.00	2.98	0.00	0.00	CO-45	37.02
1013940584	0501	050125	1 96160	XU		5.30	1.92	0.00	0.00	CO-45	3.38
1013940584	0501	050125	1 0513F			0.00	0.00	0.00	0.00		0.00
1013940584	0501	050125	1 G8417			0.00	0.00	0.00	0.00		0.00
1013940584	0501	050125	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0501	050125	1 G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0501	050125	1 G8431			0.00	0.00	0.00	0.00		0.00
1013940584	0501	050125	1 G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0501	050125	1 G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0501	050125	1 1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0501	050125	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0501	050125	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0501	050125	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0501	050125	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0501	050125	1 2010F			0.00	0.00	0.00	0.00		0.00
1013940584	0501	050125	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0501	050125	1 1494F			0.00	0.00	0.00	0.00		0.00
1013940584	0501	050125	1 1220F			0.00	0.00	0.00	0.00		0.00
1013940584	0501	050125	1 3016F			0.00	0.00	0.00	0.00		0.00
PT RESP 0.00			CLAIM TOTALS			567.82	114.46	0.00	0.00		453.36
ADJ TO TOTAL: PREV PD			INTEREST			0.00					114.46
STATUS CODE 1: Processed as Primary										0.00	NET

NAME WITTKOPP, GRAHAM			HIC 1305837295	ACNT 6202LMD642		ICN 445307979900	ASG Y	MOA			
1013940584	0506	050625	1 99213			146.00	78.28	0.00	0.00	CO-45	67.72
PT RESP 0.00			CLAIM TOTALS			146.00	78.28	0.00	0.00		67.72
ADJ TO TOTAL: PREV PD			INTEREST			0.00				0.00	NET
STATUS CODE 1: Processed as Primary											78.28

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	8	713.82	215.93	0.00	0.00	497.89	215.93	0.00	215.93

## 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-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.

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

N174 This is not a covered service / procedure/ equipment / bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'.

N19 Procedure code incidental to primary procedure.

N650 This policy was not in effect for this date of loss. No coverage is available.

N769 A lateral diagnosis is required.

PR-27 Expenses incurred after coverage terminated.

