

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: 2025-07-10  
EFT #: 25187B1000080803  
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 7219LMD642		ICN 454654153600	ASG Y	MOA			
1306898036	0630	063025	1 98966		25.00	0.00	0.00	0.00	CO-96	25.00	0.00
			REM: N448								
PT RESP	0.00		CLAIM TOTALS		25.00	0.00	0.00	0.00		25.00	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 1: Processed as Primary											
NAME KUIPER, JOSHUA			HIC 94965949100	ACNT 7191LMD642		ICN 454505745800	ASG Y	MOA			
1306898036	0626	062625	1 95117		37.00	17.65	17.65	0.00	CO-45	19.35	0.00
PT RESP	17.65		CLAIM TOTALS		37.00	17.65	17.65	0.00		19.35	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 KUIPER, KAYLA			HIC 94991184202	ACNT 6989LMD642		ICN 454654151200	ASG Y	MOA			
1306898036	0616	061625	1 90620		320.00	270.18	0.00	0.00	CO-45	49.82	270.18
1306898036	0616	061625	1 90715		87.00	55.15	0.00	0.00	CO-45	31.85	55.15
1306898036	0616	061625	1 90461		20.00	0.00	0.00	0.00	CO-6	20.00	0.00
1306898036	0616	061625	1 90460		41.00	0.00	0.00	0.00	CO-6	41.00	0.00
PT RESP	0.00		CLAIM TOTALS		468.00	325.33	0.00	0.00		142.67	325.33
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	325.33
PLAN TYPE: COREWELL HLTH WMI NTWK											
STATUS CODE 1: Processed as Primary											
NAME SMITH, THOMAS			HIC 94914013200	ACNT 7204LMD642		ICN 454505747800	ASG Y	MOA			
INSURED NAME: SMITH II, THOMAS											
1306898036	0630	063025	1 99213 25		146.00	108.22	0.00	0.00	CO-45	37.78	58.22
									PR-3	50.00	
1306898036	0630	063025	1 G0446 XU		61.88	31.26	0.00	0.00	CO-45	30.62	31.26
1306898036	0630	063025	1 3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0630	063025	1 3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0630	063025	1 1036F		0.00	0.00	0.00	0.00			0.00
PT RESP	50.00		CLAIM TOTALS		207.88	139.48	0.00	0.00		118.40	89.48
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	89.48
PLAN TYPE: WEST MI PARTNERS											
STATUS CODE 1: Processed as Primary											
NAME ERICKSON, AMY			HIC 94831837900	ACNT 6656LMD642		ICN 446222081200	ASG Y	MOA			
1013940584	0425	042525	1 99499		0.01	0.01	0.01	0.00			0.00
PT RESP	0.01		CLAIM TOTALS		0.01	0.01	0.01	0.00		0.00	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 LEBLANC, SUSAN			HIC 94932032300	ACNT 7200LMD642		ICN 454654154000	ASG Y	MOA			
INSURED NAME: LE BLANC, SUSAN											
1013940584	0627	062725	1 99214		219.00	152.63	0.00	0.00	CO-45	66.37	122.63
									PR-3	30.00	
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 G8427		0.00	0.00	0.00	0.00			0.00
PT RESP	30.00		CLAIM TOTALS		219.00	152.63	0.00	0.00		96.37	122.63
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	122.63
STATUS CODE 1: Processed as Primary											



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ADVICE  
DATE: 2025-07-10

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SANTIAGO, JOSE			HIC	95004958300	ACNT	7192LMD642	ICN 454505746000			ASG Y	MOA	
1013940584	0627	062725	1	99213	25		146.00	108.22	108.22	0.00	CO-45	37.78 0.00
1013940584	0627	062725	1	G0446	XU		61.88	31.26	0.00	0.00	CO-45	30.62 31.26
1013940584	0627	062725	1	3075F			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
PT RESP 108.22			CLAIM TOTALS				207.88	139.48	108.22	0.00		68.40 31.26
ADJ TO TOTAL: PREV PD			INTEREST				0.00	LATE FILING CHARGE			0.00	NET 31.26
STATUS CODE 1: Processed as Primary												

NAME ROCKHILL, BRIAN			HIC	94729637701	ACNT	5320LMD642	ICN 436490813400			ASG Y	MOA	
1306898036	0317	031725	-1	99213	25		-146.00	-107.30	0.00	0.00	CO-45	-38.70 -107.30
1306898036	0317	031725	-1	36415			-20.00	-15.09	-15.09	0.00	CO-45	-4.91 0.00
1306898036	0317	031725	-1	G0447	XU		-40.00	-30.99	0.00	0.00	CO-45	-9.01 -30.99
1306898036	0317	031725	-1	99401	33		-40.00	-40.00	0.00	0.00		-40.00
1306898036	0317	031725	-1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	-1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	-1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	-1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	-1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	-1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	-1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	-1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP 0.00			CLAIM TOTALS				-246.00	-193.38	-15.09	0.00		-52.62 -178.29
ADJ TO TOTAL: PREV PD			INTEREST				0.00	LATE FILING CHARGE			0.00	NET -178.29
PLAN TYPE: COREWELL HEALTH EMP GRP												
STATUS CODE 22: Reversal of Previous Payment												

NAME ROCKHILL, BRIAN			HIC	94729637701	ACNT	5320LMD642	ICN 436490813401			ASG Y	MOA	
1306898036	0317	031725	1	99213	25		146.00	0.00	0.00	0.00	PR-27	146.00 0.00
			REM: N650									
1306898036	0317	031725	1	36415			20.00	0.00	0.00	0.00	PR-27	20.00 0.00
			REM: N650									
1306898036	0317	031725	1	G0447	XU		40.00	0.00	0.00	0.00	PR-27	40.00 0.00
			REM: N650									
1306898036	0317	031725	1	99401	33		40.00	0.00	0.00	0.00	PR-27	40.00 0.00
			REM: N650									
1306898036	0317	031725	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP 246.00			CLAIM TOTALS				246.00	0.00	0.00	0.00		246.00 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 1: Processed as Primary												

NAME SIDLAUSKAS, THOMAS			HIC	94711734100	ACNT	6995LMD642	ICN 447449071000			ASG Y	MOA	
1306898036	0616	061625	-1	98966			-25.00	0.00	0.00	0.00	CO-96	-25.00 0.00
			REM: N448									
PT RESP 0.00			CLAIM TOTALS				-25.00	0.00	0.00	0.00		-25.00 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												

NAME SIDLAUSKAS, THOMAS			HIC	94711734100	ACNT	6995LMD642	ICN 454276972800			ASG Y	MOA	
1306898036	0616	061625	1	98966			25.00	0.00	0.00	0.00	CO-96	25.00 0.00
			REM: N448									
PT RESP 0.00			CLAIM TOTALS				25.00	0.00	0.00	0.00		25.00 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 1: Processed as Primary												

NAME SIDLAUSKAS, THOMAS			HIC	94711734100	ACNT	7201LMD642	ICN 454505746900			ASG Y	MOA	
1306898036	0630	063025	1	98966			25.00	0.00	0.00	0.00	CO-96	25.00 0.00
			REM: N448									
PT RESP 0.00			CLAIM TOTALS				25.00	0.00	0.00	0.00		25.00 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 1: Processed as Primary												



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PAGE #: 3 of 3

REMITTANCE  
ADVICE  
DATE: 2025-07-10

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	12	1189.77	581.20	110.79	0.00	688.57	390.41	0.00	390.41

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-6 The procedure / revenue code is inconsistent with the patient's age.

CO-96 Non-covered charge(s).

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

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

PR-1 Deductible Amount

PR-27 Expenses incurred after coverage terminated.

PR-3 Co-payment Amount

