

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: 2025-06-05
 EFT #: 25152B1000377032
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	GODLEY, LYRIC		HIC 1084002022	ACNT	6620LMD642			ICN 446127272700	ASG Y	MOA	
1306898036	0523	052325	1 99394	25		289.00	0.00	0.00	0.00	CO-6	289.00 0.00
1306898036	0523	052325	1 99401	25		65.00	24.50	0.00	0.00	CO-45	40.50 24.50
1306898036	0523	052325	1 G0136	33		34.80	0.00	0.00	0.00	CO-6	34.80 0.00
1306898036	0523	052325	1 81025			21.00	0.00	0.00	0.00	CO-6	21.00 0.00
1306898036	0523	052325	1 G0442	XU		30.00	0.00	0.00	0.00	CO-6	30.00 0.00
1306898036	0523	052325	1 G0444	XU		29.45	0.00	0.00	0.00	CO-6	29.45 0.00
1306898036	0523	052325	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0523	052325	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0523	052325	1 1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0523	052325	1 G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0523	052325	1 G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			469.25	24.50	0.00	0.00		444.75 24.50
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 24.50
STATUS CODE 1: Processed as Primary											

NAME	MUNDWILER, BRITTANY		HIC 1034428336	ACNT	6070LMD642			ICN 444843494700	ASG Y	MOA	
1306898036	0425	042525	1 99395	25		297.00	0.00	0.00	0.00	CO-22	297.00 0.00
			REM: N479								
1306898036	0425	042525	1 G0136	33		34.80	0.00	0.00	0.00	CO-22	34.80 0.00
			REM: N479								
1306898036	0425	042525	1 G0442	XU		30.00	0.00	0.00	0.00	CO-22	30.00 0.00
			REM: N479								
1306898036	0425	042525	1 G0444	XU		29.45	0.00	0.00	0.00	CO-22	29.45 0.00
			REM: N479								
1306898036	0425	042525	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0425	042525	1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			391.25	0.00	0.00	0.00		391.25 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	BUHMANN, TRYSTAN		HIC 94801891700	ACNT	5946LMD642			ICN 444471422600	ASG Y	MOA	
1013940584	0321	032125	-1 99214			-219.00	0.00	0.00	0.00	CO-16	-219.00 0.00
			REM: M76								
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
STATUS CODE 22: Reversal of Previous Payment											

NAME	BUHMANN, TRYSTAN		HIC 94801891700	ACNT	5946LMD642			ICN 444918243900	ASG Y	MOA	
1013940584	0321	032125	1 99214			219.00	110.16	0.00	0.00	CO-45	108.84 110.16
PT RESP	0.00		CLAIM TOTALS			219.00	110.16	0.00	0.00		108.84 110.16
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	NET 110.16
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
	4	860.50	134.66	0.00	0.00	725.84	134.66	0.00	134.66

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-22 Payment adjusted because this care may be covered by another payer per coordination of benefits.
- 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.
- M76 Missing / incomplete / invalid diagnosis or condition.
- N479 Missing Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer).

