

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: 2025-06-12
 EFT #: 25159B1000437373
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME POLLOCK, AMANDA			HIC	0097356259		ACNT	6752LMD642		ICN	446645482100		ASG Y	MOA
1306898036	0603	060325	1	99213	25		146.00	58.58	0.00	0.00	CO-45	87.42	58.58
1306898036	0603	060325	1	G0447	XU		65.00	0.00	0.00	0.00	CO-96	65.00	0.00
REM: N174													
1306898036	0603	060325	1	99401	25		0.00	0.00	0.00	0.00			0.00
1306898036	0603	060325	1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060325	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060325	1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060325	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060325	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060325	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060325	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060325	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060325	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS				211.00	58.58	0.00	0.00		152.42	58.58
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	58.58
STATUS CODE 1: Processed as Primary													

NAME DODBIBA, ZANA			HIC 94949582300	ACNT 5935LMD642	ICN 445277260300		ASG Y	MOA		
1013940584	0418	041825	1 99215 25	339.70	115.66	0.00	0.00	OA-23	224.04	115.66
1013940584	0418	041825	1 G2211	25.00	0.00	0.00	0.00	CO-97	25.00	0.00
1013940584	0418	041825	1 93000	71.00	9.16	0.00	0.00	OA-23	61.84	9.16
1013940584	0418	041825	1 36415	20.00	7.53	0.00	0.00	OA-23	20.00	0.00
1013940584	0418	041825	1 G8510	0.00	0.00	0.00	0.00			0.00
1013940584	0418	041825	1 G8427	0.00	0.00	0.00	0.00			0.00
1013940584	0418	041825	1 G8476	0.00	0.00	0.00	0.00			0.00
1013940584	0418	041825	1 G8420	0.00	0.00	0.00	0.00			0.00
1013940584	0418	041825	1 2000F	0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS	455.70	132.35	0.00	0.00		330.88	124.82
ADJ TO TOTAL: PREV PD			INTEREST	0.00	LATE FILING CHARGE		0.00	NET	124.82	
STATUS CODE 2: Processed as Secondary										

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	666.70	190.93	0.00	0.00	483.30	183.40	0.00	183.40

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 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'.
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

