

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: 2025-07-24  
 EFT #: 25201B1000310201  
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WHITE, RONDA		HIC 94898508900	ACNT 7455LMD642					ICN 455497541800	ASG Y MOA	
1013940584	0715 071525	1 99214 25			219.00	0.00	0.00	0.00	CO-16	219.00 0.00
			REM: M76							
1013940584	0715 071525	1 83036 QW			60.90	10.23	0.00	0.00	CO-45	50.67 10.23
1013940584	0715 071525	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0715 071525	1 3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0715 071525	1 G8476			0.00	0.00	0.00	0.00		0.00
1013940584	0715 071525	1 G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0715 071525	1 G8427			0.00	0.00	0.00	0.00		0.00
1013940584	0715 071525	1 3044F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS		279.90	10.23	0.00	0.00		269.67 10.23
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 10.23
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	279.90	10.23	0.00	0.00	269.67	10.23	0.00	10.23

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-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
 M76 Missing / incomplete / invalid diagnosis or condition.

