

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: 2025-08-14
 EFT #: 25215B1000324917
 TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME GRAY, WENDY				HIC	94730830301	ACNT	7662LMD642			ICN	456255128000	ASG Y	MOA	
1013940584	0725	072525		1	99396	25		327.00	172.48	0.00	0.00	CO-45	154.52	172.48
1013940584	0725	072525		1	99406			27.06	20.94	0.00	0.00	CO-45	6.12	20.94
1013940584	0725	072525		1	99401	25		65.00	0.00	0.00	0.00	CO-97	65.00	0.00
REM: N119														
1013940584	0725	072525		1	G0447	XU		65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1013940584	0725	072525		1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1013940584	0725	072525		1	G0136	33		34.80	27.10	0.00	0.00	CO-45	7.70	27.10
1013940584	0725	072525		1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00	0.00
REM: M51														
1013940584	0725	072525		1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45	0.00
REM: M51														
1013940584	0725	072525		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0725	072525		1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0725	072525		1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0725	072525		1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		598.31	267.00	0.00	0.00		331.31	267.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	267.00
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
	1	598.31	267.00	0.00	0.00	331.31	267.00	0.00	267.00

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.
- 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
- M51 Missing / incomplete / invalid procedure code(s).
- N119 This service is not paid if billed once every 28 days, and the patient has spent 5 or more consecutive days in any inpatient or Skilled /nursing Facility (SNF) within those 28 days.

