

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: 2025-08-07  
EFT #: 25208B1000321744  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	KLAASSEN, JOEL		HIC	94960750500	ACNT	7538LMD642		ICN	455810726500	ASG Y	MOA
1306898036	0721	072125	1	99213		146.00	108.22	0.00	0.00	CO-45	37.78
										PR-3	25.00
1306898036	0721	072125	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0721	072125	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0721	072125	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0721	072125	1	1036F		0.00	0.00	0.00	0.00		0.00
1306898036	0721	072125	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0721	072125	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0721	072125	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0721	072125	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0721	072125	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0721	072125	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	25.00			CLAIM TOTALS		146.00	108.22	0.00	0.00		62.78
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary											83.22

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	146.00	108.22	0.00	0.00	62.78	83.22	0.00	83.22

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
PR-3 Co-payment Amount

