PRIORITY HEALTH [] 1231 E. BELTLINE NE GRAND RAPIDS, MI 49525 (000)000-0000

TIMOTHY J TOBOLIC MD PLLC [900068405]

7740 BYRON CENTER AVE SW

BYRON CENTER, MI 49315

NPI #: 1982923660

PAGE #: 1 of 2

DATE: 2025-07-03

EFT #: 25180B1000454605

TAX ID #: 272620668

REND PROV SERV DATE POS	NOS PROC MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	мт	PROV PD
NAME COPE, ANASTASIA	HIC 1237671533 A	CNT 7100LMD642	}	ICN 454	21424260	00 ASG	Y MOA	
1306898036 0620 062025	1 99383 25	268.00	91.46	0.00	0.00	CO-45	176.54	91.46
1306898036 0620 062025	1 G0136 33	34.80	12.14	0.00	0.00	CO-45	22.66	12.14
1306898036 0620 062025	1 G8420	0.00	0.00	0.00	0.00			0.00
1306898036 0620 062025	1 3074F	0.00	0.00	0.00	0.00			0.00
1306898036 0620 062025	1 3078F	0.00	0.00	0.00	0.00			0.00
1306898036 0620 062025	1 1036F	0.00	0.00	0.00	0.00			0.00
PT RESP 0.00	CLAIM TOTALS	302.80	103.60	0.00	0.00		199.20	103.60
ADJ TO TOTAL: PREV PD	INTERES:			FILING CH		0.00	NET	103.60
STATUS CODE 1: Processed a								
NAME GODLEY, LYRIC	HIC 1084002022 A	CNT 6620LMD642	<u> </u>	ICN 446	12727270	00 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	INTERES:	0.00	LATE	FILING CH	ARGE	0.00	NET	-24.50
STATUS CODE 22: Reversal o								
NAME GODLEY, LYRIC	HIC 1084002022 A	CNT 6620LMD642	<u> </u>	ICN 446	76406060	00 ASG	Y MOA	
1306898036 0523 052325	1 99394 25	289.00	80.39	0.00	0.00	CO-45	208.61	80.39
1306898036 0523 052325	1 99401 25	65.00	0.00	0.00	0.00	CO-97	65.00	0.00
	REM: N119	9						
1306898036 0523 052325	1 G0136 33	34.80	12.14	0.00	0.00	CO-45	22.66	12.14
1306898036 0523 052325	1 81025 QW	21.00	7.13	0.00	0.00	CO-45	13.87	7.13
1306898036 0523 052325	1 96127 XU	40.00						
		40.00	0.00	0.00	0.00	CO-16	40.00	0.00
	REM: M76							
1306898036 0523 052325	1 96127 XU	40.00	0.00	0.00	0.00	CO-16 CO-6	40.00	0.00
1306898036 0523 052325	1 96127 XU 1 3074F	40.00 0.00	0.00	0.00	0.00			0.00
1306898036 0523 052325 1306898036 0523 052325	1 96127 XU 1 3074F 1 3078F	40.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00			0.00 0.00 0.00
1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325	1 96127 XU 1 3074F	40.00 0.00	0.00	0.00	0.00 0.00 0.00			0.00
1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325	1 96127 XU 1 3074F 1 3078F 1 1036F 1 G8510	40.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00 0.00			0.00 0.00 0.00
1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325	1 96127 XU 1 3074F 1 3078F 1 1036F	40.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00			0.00 0.00 0.00 0.00
1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325	1 96127 XU 1 3074F 1 3078F 1 1036F 1 G8510	40.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00			0.00 0.00 0.00 0.00
1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325	1 96127 XU 1 3074F 1 3078F 1 1036F 1 G8510 1 G9622	40.00 0.00 0.00 0.00 0.00 0.00 489.80	0.00 0.00 0.00 0.00 0.00 0.00 99.66	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00		40.00	0.00 0.00 0.00 0.00 0.00
1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 PT RESP 0.00	1 96127 XU 1 3074F 1 3078F 1 1036F 1 G8510 1 G9622 CLAIM TOTALS INTERES	40.00 0.00 0.00 0.00 0.00 0.00 489.80	0.00 0.00 0.00 0.00 0.00 0.00 99.66	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	CO-6	40.00	0.00 0.00 0.00 0.00 0.00 0.00 99.66
1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 PT RESP 0.00 ADJ TO TOTAL: PREV PD	1 96127 XU 1 3074F 1 3078F 1 1036F 1 G8510 1 G9622 CLAIM TOTALS INTERES	40.00 0.00 0.00 0.00 0.00 0.00 489.80	0.00 0.00 0.00 0.00 0.00 0.00 99.66 LATE	0.00 0.00 0.00 0.00 0.00 0.00 0.00 FILING CH	0.00 0.00 0.00 0.00 0.00 0.00	0.00	40.00 390.14 NET	0.00 0.00 0.00 0.00 0.00 0.00 99.66
1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 PT RESP 0.00 ADJ TO TOTAL: PREV PD STATUS CODE 1: Processed a	1 96127 XU 1 3074F 1 3078F 1 1036F 1 G8510 1 G9622 CLAIM TOTALS INTERES	40.00 0.00 0.00 0.00 0.00 0.00 489.80	0.00 0.00 0.00 0.00 0.00 0.00 99.66 LATE	0.00 0.00 0.00 0.00 0.00 0.00 0.00 FILING CH	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00	40.00 390.14 NET	0.00 0.00 0.00 0.00 0.00 0.00 99.66
1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 PT RESP 0.00 ADJ TO TOTAL: PREV PD STATUS CODE 1: Processed a	1 96127 XU 1 3074F 1 3078F 1 1036F 1 G8510 1 G9622 CLAIM TOTALS INTERES: AS Primary HIC 0097391730 AG	40.00 0.00 0.00 0.00 0.00 489.80 0.00	0.00 0.00 0.00 0.00 0.00 0.00 99.66 LATE	0.00 0.00 0.00 0.00 0.00 0.00 0.00 FILING CH	0.00 0.00 0.00 0.00 0.00 0.00 0.00 ARGE	0.00 0.00	40.00 390.14 NET	0.00 0.00 0.00 0.00 0.00 0.00 99.66
1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 PT RESP 0.00 ADJ TO TOTAL: PREV PD STATUS CODE 1: Processed a	1 96127 XU 1 3074F 1 3078F 1 1036F 1 G8510 1 G9622 CLAIM TOTALS INTERES: AS Primary HIC 0097391730 AC 1 99214	40.00 0.00 0.00 0.00 0.00 0.00 489.80 F 0.00	0.00 0.00 0.00 0.00 0.00 0.00 99.66 LATE	0.00 0.00 0.00 0.00 0.00 0.00 0.00 FILING CH	0.00 0.00 0.00 0.00 0.00 0.00 0.00 ARGE	0.00 0.00	40.00 390.14 NET	0.00 0.00 0.00 0.00 0.00 99.66 99.66
1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 PT RESP 0.00 ADJ TO TOTAL: PREV PD STATUS CODE 1: Processed a NAME PERALES, VINCENT 1306898036 0611 061125 1306898036 0611 061125	1 96127 XU 1 3074F 1 3078F 1 1036F 1 G8510 1 G9622 CLAIM TOTALS INTERES: AS Primary HIC 0097391730 AC 1 99214 1 3075F	40.00 0.00 0.00 0.00 0.00 0.00 489.80 0.00 CNT 6910LMD642 219.00 0.00	0.00 0.00 0.00 0.00 0.00 99.66 LATE	0.00 0.00 0.00 0.00 0.00 0.00 0.00 FILING CH	0.00 0.00 0.00 0.00 0.00 0.00 0.00 ARGE	0.00 0.00	40.00 390.14 NET	0.00 0.00 0.00 0.00 0.00 0.00 99.66 99.66
1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 1306898036 0523 052325 PT RESP 0.00 ADJ TO TOTAL: PREV PD STATUS CODE 1: Processed a NAME PERALES, VINCENT 1306898036 0611 061125 1306898036 0611 061125 1306898036 0611 061125	1 96127 XU 1 3074F 1 3078F 1 1036F 1 G8510 1 G9622 CLAIM TOTALS INTERES: AS Primary HIC 0097391730 AC 1 99214 1 3075F 1 3079F	40.00 0.00 0.00 0.00 0.00 489.80 0.00 CNT 6910LMD642 219.00 0.00 0.00 219.00	0.00 0.00 0.00 0.00 0.00 0.00 99.66 LATE 82.43 0.00 0.00 82.43	0.00 0.00 0.00 0.00 0.00 0.00 FILING CH ICN 454 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 ARGE	0.00 0.00	40.00 390.14 NET Y MOA 136.57	0.00 0.00 0.00 0.00 0.00 99.66 99.66



PRIORITY HEALTH REMITTANCE

NPI #: 1982923660 EFT #: 25180B1000454605 TIMOTHY J TOBOLIC MD PLLC [900068405] ADVICE PAGE #: 2 of 2 DATE: 2025-07-03

REND PROV	V SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PD
NAME GRAI	NGER, AMANDA	HI	C 0039114	966 ACNT	6998LMD64	12	ICN 4	54215061900) ASG	Y MOA	
101394058	84 0616 06162	5 1	99396 25		327.00	112.37	0.00	0.00	CO-45	214.63	112.37
101394058	84 0616 06162	5 1	G0136 33		65.00	12.14	0.00	0.00	CO-45	52.86	12.14
101394058	84 0616 06162	5 1	36415		20.00	7.53	0.00	0.00	CO-45	12.47	7.53
101394058	84 0616 06162	5 1	G0442 XU	•	30.00	0.00	0.00	0.00	CO-16	30.00	0.00
			R	EM: M51							
101394058	84 0616 06162	5 1	G0444 XU	i	29.45	0.00	0.00	0.00	CO-16	29.45	0.00
			R	EM: M51							
101394058	84 0616 06162	5 1	3074F		0.00	0.00	0.00	0.00			0.00
101394058	84 0616 06162	5 1	3078F		0.00	0.00	0.00	0.00			0.00
101394058	84 0616 06162	5 1	G9622		0.00	0.00	0.00	0.00			0.00
101394058	84 0616 06162	5 1	G8510		0.00	0.00	0.00	0.00			0.00
101394058	84 0616 06162	5 1	1036F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TO	TALS	471.45	132.04	0.00	0.00		339.41	132.04
ADJ TO TO	OTAL: PREV PD)		INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	132.04
STATUS CO	ODE 1: Proces	sed as Pr	imary								
NAME GRAI	NGER, ANNELYS	E HI	C 1230034	535 ACNT	6415LMD64	12	ICN 4	46342870700) ASG	Y MOA	
101394058	84 0515 05152	5 1	99393		270.00	72.79	0.00	0.00	CO-45	197.21	72.79
101394058	84 0515 05152	5 1	G8420		0.00	0.00	0.00	0.00			0.00
101394058	84 0515 05152	5 1	3074F		0.00	0.00	0.00	0.00			0.00
101394058	84 0515 05152	5 1	3078F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TO	TALS	270.00	72.79	0.00	0.00		197.21	72.79
ADJ TO TO	OTAL: PREV PD)		INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	72.79
STATUS CO	ODE 1: Proces	sed as Pr	imary								
TOTALS:	# OF	BILLED	ALLOWE	D DEDI	JCT	COINS	TOTAL	PROV PI)	PROV	CHECK
	CLAIMS	AMT	AMT	AM'	Г	AMT	RC-AMT	AMT	A	DJ AMT	AMT
	6	1283.80	466.	02	0.00	0.00	817.7	8 466.0	02	0.00	466.02

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-6

The procedure / revenue code is inconsistent with the patient's age.
Payment adjusted because the benefit for this service is included in the payment / allowance for another CO-97 service / procedure that has already been adjudicated

Missing / incomplete / invalid procedure code(s).
Missing / incomplete / invalid diagnosis or condition. M51

M76

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. N119

