

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 5  
DATE: 2025-04-24  
EFT #: 25110B1000100623  
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME DOANE, TODD				HIC	94805320401	ACNT	5798LMD642			ICN	437658934900	ASG Y	MOA	
1306898036	0411	041125		1	99396	25		327.00	172.48	0.00	0.00	CO-45	154.52	172.48
1306898036	0411	041125		1	99406	33		35.00	0.00	0.00	0.00	CO-16	35.00	0.00
REM: M76														
1306898036	0411	041125		1	G0446	XU		65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1306898036	0411	041125		1	G0136			65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1306898036	0411	041125		1	96160	XU		20.00	5.76	0.00	0.00	CO-45	14.24	5.76
1306898036	0411	041125		1	96127	XU		40.00	0.00	0.00	0.00	CO-97	40.00	0.00
REM: N19														
1306898036	0411	041125		1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1306898036	0411	041125		1	0513F			0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125		1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125		1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125		1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125		1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125		1	3074F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			572.00	251.82	0.00	0.00		320.18	251.82
ADJ TO TOTAL: PREV PD								0.00		LATE FILING CHARGE		0.00	NET	251.82
PLAN TYPE: MY PRIORITY HMO														
STATUS CODE 1: Processed as Primary														

NAME ELZINGA, TRISTON				HIC	94974635600	ACNT	5893LMD642			ICN	444173028100	ASG Y	MOA	
1306898036	0416	041625		1	99395	25		297.00	162.24	0.00	0.00	CO-45	134.76	162.24
1306898036	0416	041625		1	G0136	33		65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1306898036	0416	041625		1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1306898036	0416	041625		1	96127	XU		40.00	9.42	0.00	0.00	CO-45	30.58	9.42
1306898036	0416	041625		1	96160	XU		25.00	5.76	0.00	0.00	CO-45	19.24	5.76
1306898036	0416	041625		1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0416	041625		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0416	041625		1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0416	041625		1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0416	041625		1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			447.00	219.74	0.00	0.00		227.26	219.74
ADJ TO TOTAL: PREV PD								0.00		LATE FILING CHARGE		0.00	NET	219.74
PLAN TYPE: MY PRIORITY HMO														
STATUS CODE 1: Processed as Primary														

NAME JABLONSKI, JOSEPH				HIC	95001580000	ACNT	4866LMD642			ICN	435210136801	ASG Y	MOA	
1306898036	0219	021925		1	99396			327.00	171.02	0.00	0.00	CO-45	155.98	171.02
1306898036	0219	021925		1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00	0.00
REM: M51														
1306898036	0219	021925		1	G0444	33		29.45	0.00	0.00	0.00	CO-16	29.45	0.00
REM: M51														
1306898036	0219	021925		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925		1	3079F			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925		1	G9621			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925		1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925		1	1036F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			386.45	171.02	0.00	0.00		215.43	171.02
ADJ TO TOTAL: PREV PD								0.00		LATE FILING CHARGE		0.00	NET	171.02
PLAN TYPE: COREWELL HLTH WMI NTWK														
STATUS CODE 1: Processed as Primary														



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NPI #: 1982923660  
EFT #: 25110B1000100623TIMOTHY J TOBOLIC MD PLLC [900068405]  
PAGE #: 2 of 5REMITTANCE  
ADVICE  
DATE: 2025-04-24

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME PRESTON, FRANCES			HIC	94930896700	ACNT	5895LMD642	ICN 444173028300			ASG Y	MOA	
1306898036	0416	041625	1	99212	25		87.00	67.39	67.39	0.00	CO-45	19.61 0.00
1306898036	0416	041625	1	G0447	XU		65.00	31.26	0.00	0.00	CO-45	33.74 31.26
1306898036	0416	041625	1	99401	25		65.00	54.70	0.00	0.00	CO-45	10.30 54.70
1306898036	0416	041625	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0416	041625	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0416	041625	1	1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0416	041625	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0416	041625	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0416	041625	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0416	041625	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0416	041625	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0416	041625	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP 67.39			CLAIM TOTALS				217.00	153.35	67.39	0.00		63.65 85.96
ADJ TO TOTAL: PREV PD			INTEREST				0.00	LATE FILING CHARGE			0.00	NET 85.96
STATUS CODE 1: Processed as Primary												

NAME REYNOLDS, BRADLEY			HIC	94763038500	ACNT	5797LMD642	ICN 437658934700			ASG Y	MOA	
1306898036	0411	041125	1	99213			146.00	108.22	0.00	0.00	CO-45	37.78 108.22
1306898036	0411	041125	1	3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0411	041125	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0411	041125	1	4004F			0.00	0.00	0.00	0.00		0.00
PT RESP 0.00			CLAIM TOTALS				146.00	108.22	0.00	0.00		37.78 108.22
ADJ TO TOTAL: PREV PD			INTEREST				0.00	LATE FILING CHARGE			0.00	NET 108.22
STATUS CODE 1: Processed as Primary												

NAME TIMMER, SUZANNE			HIC	94980954100	ACNT	3237LMD642	ICN 424902635900			ASG Y	MOA	
1306898036	1122	112224	-40	J1010			-40.00	0.00	0.00	0.00	CO-16	-40.00 0.00
			REM: N769									
1306898036	1122	112224	-1	96372			-45.00	0.00	0.00	0.00	CO-97	-45.00 0.00
			REM: N19									
1306898036	1122	112224	-1	20610	RT		-155.00	-103.58	0.00	0.00	CO-45	-51.42 -103.58
1306898036	1122	112224	-1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	1122	112224	-1	G8417			0.00	0.00	0.00	0.00		0.00
1306898036	1122	112224	-1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	1122	112224	-1	99214			-247.32	0.00	0.00	0.00	CO-97	-247.32 0.00
			REM: N19									
PT RESP 0.00			CLAIM TOTALS				-487.32	-103.58	0.00	0.00		-383.74 -103.58
ADJ TO TOTAL: PREV PD			INTEREST				0.00	LATE FILING CHARGE			0.00	NET -103.58
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 22: Reversal of Previous Payment												

NAME TIMMER, SUZANNE			HIC	94980954100	ACNT	3237LMD642	ICN 434190866900			ASG Y	MOA	
1306898036	1122	112224	-40	J1010			-40.00	0.00	0.00	0.00	CO-16	-40.00 0.00
			REM: N152									
1306898036	1122	112224	-1	96372			-45.00	0.00	0.00	0.00	CO-16	-45.00 0.00
			REM: N152									
1306898036	1122	112224	-1	20610	RT		-155.00	0.00	0.00	0.00	CO-16	-155.00 0.00
			REM: N152									
1306898036	1122	112224	-1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	1122	112224	-1	G8417			0.00	0.00	0.00	0.00		0.00
1306898036	1122	112224	-1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	1122	112224	-1	99214	25		-247.32	0.00	0.00	0.00	CO-16	-247.32 0.00
			REM: N152									
PT RESP 0.00			CLAIM TOTALS				-487.32	0.00	0.00	0.00		-487.32 0.00
ADJ TO TOTAL: PREV PD			INTEREST				0.00	LATE FILING CHARGE			0.00	NET 0.00
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 22: Reversal of Previous Payment												

NAME TIMMER, SUZANNE			HIC	94980954100	ACNT	3237LMD642	ICN 435911146100			ASG Y	MOA	
1306898036	1122	112224	1	99214	25		247.32	0.00	0.00	0.00	CO-16	247.32 0.00
			REM: N152									
1306898036	1122	112224	40	J1010			40.00	0.00	0.00	0.00	CO-16	40.00 0.00
			REM: N152									
1306898036	1122	112224	1	96372			45.00	0.00	0.00	0.00	CO-16	45.00 0.00
			REM: N152									
1306898036	1122	112224	1	20610	RT		155.00	0.00	0.00	0.00	CO-16	155.00 0.00
			REM: N152									
1306898036	1122	112224	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	1122	112224	1	G8417			0.00	0.00	0.00	0.00		0.00
1306898036	1122	112224	1	3074F			0.00	0.00	0.00	0.00		0.00
PT RESP 0.00			CLAIM TOTALS				487.32	0.00	0.00	0.00		487.32 0.00
ADJ TO TOTAL: PREV PD			INTEREST				0.00	LATE FILING CHARGE			0.00	NET 0.00
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												



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NPI #: 1982923660  
EFT #: 25110B1000100623TIMOTHY J TOBOLIC MD PLLC [900068405]  
PAGE #: 3 of 5REMITTANCE  
ADVICE  
DATE: 2025-04-24

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME WENDERSKI, ELIZABETH				HIC	94964203400	ACNT	5855LMD642	ICN 444228284700				ASG Y	MOA	
1306898036	0415	041525		1	99396	25		327.00	172.48	0.00	0.00	CO-45	154.52	172.48
1306898036	0415	041525		1	G0136	33		65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1306898036	0415	041525		1	96127	XU		40.00	9.42	0.00	0.00	CO-45	30.58	9.42
1306898036	0415	041525		1	96160	XU		5.30	5.30	0.00	0.00			5.30
1306898036	0415	041525		1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1306898036	0415	041525		1	G0447	XU		65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1306898036	0415	041525		1	99401	25		65.00	0.00	0.00	0.00	CO-97	65.00	0.00
REM: N119														
1306898036	0415	041525		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525		1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525		1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525		1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525		1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP 0.00				CLAIM TOTALS				587.30	260.78	0.00	0.00		326.52	260.78
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE				0.00	NET 260.78
STATUS CODE 1: Processed as Primary														
NAME WESTBROOK, CHERYL				HIC	94971566500	ACNT	5795LMD642	ICN 444228284500				ASG Y	MOA	
1306898036	0411	041125		1	G0439			243.70	0.00	0.00	0.00	CO-16	243.70	0.00
REM: M51														
1306898036	0411	041125		1	99396	25		327.00	0.00	0.00	0.00	CO-6	327.00	0.00
1306898036	0411	041125		1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1306898036	0411	041125		1	G0136	33		65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1306898036	0411	041125		1	G0447	XU		65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1306898036	0411	041125		1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00	0.00
REM: M51														
1306898036	0411	041125		1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45	0.00
REM: M51														
1306898036	0411	041125		1	0513F			0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125		1	3079F			0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125		1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125		1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125		1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP 0.00				CLAIM TOTALS				780.15	73.58	0.00	0.00		706.57	73.58
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE				0.00	NET 73.58
STATUS CODE 1: Processed as Primary														
NAME WORSLEY, JULIA				HIC	94924178900	ACNT	5799LMD642	ICN 437658935200				ASG Y	MOA	
1306898036	0411	041125		1	99396	25		327.00	172.48	0.00	0.00	CO-45	154.52	172.48
1306898036	0411	041125		1	96127	XU		40.00	9.42	0.00	0.00	CO-45	30.58	9.42
1306898036	0411	041125		1	96160	XU		5.30	5.30	0.00	0.00			5.30
1306898036	0411	041125		1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1306898036	0411	041125		1	99401	33		60.00	0.00	0.00	0.00	CO-97	60.00	0.00
REM: N119														
1306898036	0411	041125		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125		1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125		1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125		1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP 0.00				CLAIM TOTALS				452.30	202.42	0.00	0.00		249.88	202.42
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE				0.00	NET 202.42
STATUS CODE 1: Processed as Primary														
NAME BIESBROCK, DEBRA				HIC	94917961801	ACNT	5812LMD642	ICN 444135379700				ASG Y	MOA	
INSURED NAME: BIESBROCK, DEB														
1013940584	0212	021225		1	99213			146.00	107.30	0.00	0.00	CO-45	38.70	82.30
												PR-3	25.00	
1013940584	0212	021225		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0212	021225		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0212	021225		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0212	021225		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0212	021225		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0212	021225		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0212	021225		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0212	021225		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP 25.00				CLAIM TOTALS				146.00	107.30	0.00	0.00		63.70	82.30
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE				0.00	NET 82.30
STATUS CODE 1: Processed as Primary														



## PRIORITY HEALTH

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TIMOTHY J TOBOLIC MD PLLC [900068405]  
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REMITTANCE  
ADVICE  
DATE: 2025-04-24

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME DIEKEVERS, KIM				HIC	94909008500	ACNT	4932LMD642	ICN 435291597400		ASG	Y	MOA		
1013940584	0221	022125	-1	99396	25			0.00	0.00	0.00	0.00			0.00
1013940584	0221	022125	-1	96127	XU			-40.00	-9.34	0.00	0.00	CO-45	-30.66	-9.34
1013940584	0221	022125	-1	96127	XU			-40.00	-9.34	0.00	0.00	CO-45	-30.66	-9.34
1013940584	0221	022125	-1	36415				-20.00	-15.09	0.00	0.00	CO-45	-4.91	-15.09
1013940584	0221	022125	-1	3074F				0.00	0.00	0.00	0.00			0.00
1013940584	0221	022125	-1	3078F				0.00	0.00	0.00	0.00			0.00
1013940584	0221	022125	-1	G9622				0.00	0.00	0.00	0.00			0.00
1013940584	0221	022125	-1	G8510				0.00	0.00	0.00	0.00			0.00
PT RESP 0.00				CLAIM TOTALS				-100.00	-33.77	0.00	0.00		-66.23	-33.77
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	-33.77	
PLAN TYPE: COREWELL HLTH WMI NTWK														
STATUS CODE 22: Reversal of Previous Payment														

NAME DIEKEVERS, KIM				HIC	94909008500	ACNT	4932LMD642	ICN 435911147700		ASG	Y	MOA		
1013940584	0221	022125	1	99396	25			327.00	171.02	0.00	0.00	CO-45	155.98	171.02
1013940584	0221	022125	1	96127	XU			40.00	9.34	0.00	0.00	CO-45	30.66	9.34
1013940584	0221	022125	1	96127	XU			40.00	9.34	0.00	0.00	CO-45	30.66	9.34
1013940584	0221	022125	1	36415				20.00	15.09	0.00	0.00	CO-45	4.91	15.09
1013940584	0221	022125	1	3074F				0.00	0.00	0.00	0.00			0.00
1013940584	0221	022125	1	3078F				0.00	0.00	0.00	0.00			0.00
1013940584	0221	022125	1	G9622				0.00	0.00	0.00	0.00			0.00
1013940584	0221	022125	1	G8510				0.00	0.00	0.00	0.00			0.00
PT RESP 0.00				CLAIM TOTALS				427.00	204.79	0.00	0.00		222.21	204.79
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	204.79	
PLAN TYPE: COREWELL HLTH WMI NTWK														
STATUS CODE 1: Processed as Primary														

NAME SLACHTER, STEVEN				HIC	94817037400	ACNT	1768LMD642	ICN 434532196100		ASG	Y	MOA		
1013940584	0819	081924	-1	99395				0.00	0.00	0.00	0.00			0.00
1013940584	0819	081924	-1	3074F				0.00	0.00	0.00	0.00			0.00
1013940584	0819	081924	-1	36415				-15.00	-13.98	0.00	0.00	CO-45	-1.02	-13.98
1013940584	0819	081924	-1	G0442	XU			-30.00	0.00	0.00	0.00	CO-16	-30.00	0.00
				REM: M51										
1013940584	0819	081924	-1	G0444	XU			-29.45	0.00	0.00	0.00	CO-16	-29.45	0.00
				REM: M51										
1013940584	0819	081924	-1	1159F				0.00	0.00	0.00	0.00			0.00
1013940584	0819	081924	-1	2001F				0.00	0.00	0.00	0.00			0.00
1013940584	0819	081924	-1	1160F				0.00	0.00	0.00	0.00			0.00
1013940584	0819	081924	-1	3008F				0.00	0.00	0.00	0.00			0.00
1013940584	0819	081924	-1	2000F				0.00	0.00	0.00	0.00			0.00
PT RESP 0.00				CLAIM TOTALS				-74.45	-13.98	0.00	0.00		-60.47	-13.98
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	-13.98	
STATUS CODE 22: Reversal of Previous Payment														

NAME SLACHTER, STEVEN				HIC	94817037400	ACNT	1768LMD642	ICN 436213223600		ASG	Y	MOA		
1013940584	0819	081924	1	99395	25			0.00	0.00	0.00	0.00			0.00
1013940584	0819	081924	1	36415				15.00	13.98	0.00	0.00	CO-45	1.02	13.98
1013940584	0819	081924	1	96127	XU			40.00	9.34	0.00	0.00	CO-45	30.66	9.34
1013940584	0819	081924	1	96127	XU			40.00	9.34	0.00	0.00	CO-45	30.66	9.34
1013940584	0819	081924	1	1159F				0.00	0.00	0.00	0.00			0.00
1013940584	0819	081924	1	2001F				0.00	0.00	0.00	0.00			0.00
1013940584	0819	081924	1	1160F				0.00	0.00	0.00	0.00			0.00
1013940584	0819	081924	1	3074F				0.00	0.00	0.00	0.00			0.00
1013940584	0819	081924	1	3008F				0.00	0.00	0.00	0.00			0.00
1013940584	0819	081924	1	2000F				0.00	0.00	0.00	0.00			0.00
PT RESP 0.00				CLAIM TOTALS				95.00	32.66	0.00	0.00		62.34	32.66
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	32.66	
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
	16	3594.43	1634.35	67.39	0.00	1985.08	1541.96	0.00	1541.96

## 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.

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).

M76 Missing / incomplete / invalid diagnosis or condition.

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.

N152 Missing / incomplete / invalid replacement claim information.



## PRIORITY HEALTH

NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC [900068405]  
EFT #: 25110B10Q0100623 PAGE #: 5 of 5  
N19 Procedure code incidental to primary procedure.  
N769 A lateral diagnosis is required.  
PR-1 Deductible Amount  
PR-3 Co-payment Amount

## REMITTANCE

ADVICE  
DATE: 2025-04-24

