

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 2  
DATE: 2025-05-22  
EFT #: 25138B1000446752  
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME DEMEESTER, MICHELLE				HIC	0086017935	ACNT	6350LMD642			ICN	445542122100	ASG Y	MOA	
INSURED NAME: DE MEESTER, MICHELLE														
1306898036	0513	051325		1	99396	25		327.00	89.89	0.00	0.00	CO-45	237.11	89.89
1306898036	0513	051325		1	G0136	33		65.00	12.14	0.00	0.00	CO-45	52.86	12.14
1306898036	0513	051325		1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00	0.00
							REM: M51							
1306898036	0513	051325		1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45	0.00
							REM: M51							
1306898036	0513	051325		1	G0447	XU		65.00	0.00	0.00	0.00	CO-96	65.00	0.00
							REM: N174							
1306898036	0513	051325		1	36415			20.00	7.53	0.00	0.00	CO-45	12.47	7.53
1306898036	0513	051325		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0513	051325		1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0513	051325		1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0513	051325		1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0513	051325		1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0513	051325		1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0513	051325		1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0513	051325		1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0513	051325		1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0513	051325		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00			CLAIM	TOTALS		536.45	109.56	0.00	0.00		426.89	109.56
ADJ TO TOTAL: PREV PD						INTEREST		0.00	LATE FILING CHARGE			0.00	NET	109.56
STATUS CODE 1: Processed as Primary														

NAME EARHART, KAYLEE			HIC 0084109027	ACNT 6255LMD642	ICN 445542687600		ASG Y	MOA		
1306898036	0507	050725	1 99214 25	219.00	110.16	0.00	0.00	CO-45	108.84	110.16
1306898036	0507	050725	1 99401 25	65.00	24.50	0.00	0.00	CO-45	40.50	24.50
1306898036	0507	050725	1 3074F	0.00	0.00	0.00	0.00			0.00
1306898036	0507	050725	1 3078F	0.00	0.00	0.00	0.00			0.00
1306898036	0507	050725	1 4004F	0.00	0.00	0.00	0.00			0.00
1306898036	0507	050725	1 3008F	0.00	0.00	0.00	0.00			0.00
1306898036	0507	050725	1 2001F	0.00	0.00	0.00	0.00			0.00
1306898036	0507	050725	1 2000F	0.00	0.00	0.00	0.00			0.00
1306898036	0507	050725	1 1000F	0.00	0.00	0.00	0.00			0.00
1306898036	0507	050725	1 1159F	0.00	0.00	0.00	0.00			0.00
1306898036	0507	050725	1 1160F	0.00	0.00	0.00	0.00			0.00
PT RESP		0.00	CLAIM TOTALS		284.00	134.66	0.00	0.00	149.34	134.66
ADJ TO TOTAL: PREV PD			INTEREST	0.00	LATE FILING CHARGE		0.00	NET	134.66	
STATUS CODE 1: Processed as Primary										

NAME CHACHULSKI, REBECCA			HIC	0059961701	ACNT	6042LMD642	ICN 444612818900		ASG Y	MOA		
1013940584	0424	042425	1	99495	25	318.00	0.00	0.00	0.00	CO-16	318.00	0.00
REM: N769												
1013940584	0424	042425	1	G3002		156.72	0.00	0.00	0.00	CO-96	156.72	0.00
REM: N174												
1013940584	0424	042425	1	G0447	XU	65.00	0.00	0.00	0.00	CO-96	65.00	0.00
REM: N174												
1013940584	0424	042425	1	3075F		0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	1	3078F		0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	1	3008F		0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	1	2001F		0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	1	2000F		0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	1	1000F		0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	1	1159F		0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP		0.00	CLAIM TOTALS			539.72	0.00	0.00	0.00		539.72	0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET		0.00
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ADVICE  
DATE: 2025-05-22

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VANVOLKINBURG, HUNTER HIC 1022944808 ACNT 6374LMD642 ICN 445542113000 ASG Y MOA											
1013940584	0513	051325	1	99394	25	289.00	102.32	0.00	0.00	CO-45	186.68 102.32
1013940584	0513	051325	1	G0444	XU	29.45	0.00	0.00	0.00	CO-16	29.45 0.00
REM: M76											
1013940584	0513	051325	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP 0.00 CLAIM TOTALS						318.45	102.32	0.00	0.00	216.13	102.32
ADJ TO TOTAL: PREV PD INTEREST						0.00	LATE FILING CHARGE		0.00	NET	102.32
STATUS CODE 1: Processed as Primary											

NAME VANVOLKINBURG, JACOB HIC 0039548804 ACNT 6370LMD642 ICN 445542126400 ASG Y MOA											
1013940584	0513	051325	1	99213		146.00	78.28	0.00	0.00	CO-45	67.72 78.28
1013940584	0513	051325	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0513	051325	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0513	051325	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0513	051325	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0513	051325	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0513	051325	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP 0.00 CLAIM TOTALS						146.00	78.28	0.00	0.00	67.72	78.28
ADJ TO TOTAL: PREV PD INTEREST						0.00	LATE FILING CHARGE		0.00	NET	78.28
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
	5	1824.62	424.82	0.00	0.00	1399.80	424.82	0.00	424.82

## 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-96 Non-covered charge(s).

M51 Missing / incomplete / invalid procedure code(s).

M76 Missing / incomplete / invalid diagnosis or condition.

N174 This is not a covered service / procedure/ equipment / bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'.

N769 A lateral diagnosis is required.

