

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: 2025-06-26
EFT #: 25173B1000101317
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BOERSEMA, SHAWN				HIC	95001719600	ACNT	6952LMD642			ICN	447563204700	ASG Y	MOA	
1306898036	0613	061325		1	99396	25		327.00	0.00	0.00	0.00	CO-16	327.00	0.00
REM: N769														
1306898036	0613	061325		1	G0136	33		65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1306898036	0613	061325		1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1306898036	0613	061325		1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00	0.00
REM: M51														
1306898036	0613	061325		1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45	0.00
REM: M51														
1306898036	0613	061325		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325		1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325		1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325		1	G8427			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325		1	G8476			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325		1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325		1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			471.45	42.32	0.00	0.00		429.13	42.32
ADJ TO TOTAL: PREV PD								0.00		LATE FILING CHARGE		0.00	NET	42.32
PLAN TYPE: WEST MI PARTNERS														
STATUS CODE 1: Processed as Primary														

NAME KUIPER, JOSHUA				HIC	94965949100	ACNT	6937LMD642			ICN	447563204200	ASG Y	MOA	
1306898036	0612	061225		3	95117			111.00	0.00	0.00	0.00	CO-16	111.00	0.00
REM: M76														
PT RESP	0.00				CLAIM TOTALS			111.00	0.00	0.00	0.00		111.00	0.00
ADJ TO TOTAL: PREV PD								0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: COREWELL HEALTH EMP GRP														
STATUS CODE 1: Processed as Primary														

NAME LUPTOWSKI, CHAD			HIC 94803412900	ACNT 7020LMD642		ICN 447570875100		ASG Y	MOA	
INSURED NAME: LUPTOWSKI CHAD, CHAD										
1306898036	0617	061725	1 99213	146.00	108.22	0.00	0.00	CO-45	37.78	88.22
								PR-3	20.00	
1306898036	0617	061725	1 3074F	0.00	0.00	0.00	0.00			0.00
1306898036	0617	061725	1 3078F	0.00	0.00	0.00	0.00			0.00
1306898036	0617	061725	1 1036F	0.00	0.00	0.00	0.00			0.00
PT RESP	20.00	CLAIM TOTALS		146.00	108.22	0.00	0.00		57.78	88.22
ADJ TO TOTAL: PREV PD			INTEREST	0.00	LATE FILING CHARGE			0.00	NET	88.22
STATUS CODE 1: Processed as Primary										

NAME MITCHELL, TIFFANY				HIC	94842620000	ACNT	6958LMD642			ICN	447563205100	ASG Y	MOA	
1306898036	0613	061325		1	99214			219.00	152.63	0.00	0.00	CO-45	66.37	117.63
													PR-3	35.00
1306898036	0613	061325		1	G8476			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325		1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325		1	3079F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325		1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325		1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325		1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325		1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325		1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	35.00				CLAIM TOTALS			219.00	152.63	0.00	0.00		101.37	117.63
ADJ TO TOTAL: PREV PD								0.00		LATE FILING CHARGE		0.00	NET	117.63
PLAN TYPE: COREWELL HEALTH EMP GRP														
STATUS CODE 1: Processed as Primary														



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REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME RUTTO, EDDIE			HIC 94990257403	ACNT 6959LMD642		ICN 447563205200	ASG Y	MOA			
1306898036	0613	061325	1 99393	25	270.00	145.05	0.00	0.00	CO-45	124.95	145.05
1306898036	0613	061325	1 G0136	33	65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1306898036	0613	061325	1 3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	1 3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	1 G8476		0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	1 G8420		0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	1 G8427		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		335.00	172.15	0.00	0.00		162.85	172.15
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	172.15
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 1: Processed as Primary											

NAME STURM, RUSSELL			HIC 94810783700	ACNT 5234LMD642		ICN 436645417500	ASG Y	MOA			
1306898036	0312	031225	-1 99214	25	-219.00	-151.33	0.00	0.00	CO-45	-67.67	-151.33
1306898036	0312	031225	-1 99401	33	-60.00	0.00	0.00	0.00	CO-252	-60.00	0.00
			REM: M29								
1306898036	0312	031225	-1 36415		-20.00	-15.09	0.00	0.00	CO-45	-4.91	-15.09
1306898036	0312	031225	-1 G0447	XU	-50.00	0.00	0.00	0.00	CO-252	-50.00	0.00
			REM: M29								
1306898036	0312	031225	-1 3077F		0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	-1 3079F		0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	-1 3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	-1 2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	-1 2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	-1 1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	-1 1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	-1 1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		-349.00	-166.42	0.00	0.00		-182.58	-166.42
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	-166.42
STATUS CODE 22: Reversal of Previous Payment											

NAME STURM, RUSSELL			HIC 94810783700	ACNT 5234LMD642		ICN 436645417501	ASG Y	MOA			
1306898036	0312	031225	1 99214	25	219.00	151.33	0.00	0.00	CO-45	67.67	151.33
1306898036	0312	031225	1 99401	33	60.00	54.23	0.00	0.00	CO-45	5.77	54.23
1306898036	0312	031225	1 36415		20.00	15.09	0.00	0.00	CO-45	4.91	15.09
1306898036	0312	031225	1 G0447	XU	50.00	30.99	0.00	0.00	CO-45	19.01	30.99
1306898036	0312	031225	1 3077F		0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	1 3079F		0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	1 3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	1 2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	1 2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	1 1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	1 1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	1 1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		349.00	251.64	0.00	0.00		97.36	251.64
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	251.64
STATUS CODE 1: Processed as Primary											

NAME SYTSMA, JUSTIN			HIC 94986987200	ACNT 4108LMD642		ICN 446342866900	ASG Y	MOA			
1306898036	0114	011425	1 99396		327.00	171.02	0.00	0.00	CO-45	155.98	171.02
1306898036	0114	011425	1 G0442	XU	43.00	0.00	0.00	0.00	CO-16	43.00	0.00
			REM: M51								
1306898036	0114	011425	1 G0444	XU	91.00	0.00	0.00	0.00	CO-16	91.00	0.00
			REM: M51								
1306898036	0114	011425	1 36415		15.00	15.00	0.00	0.00			15.00
1306898036	0114	011425	1 G2211		25.00	0.00	0.00	0.00	CO-97	25.00	0.00
1306898036	0114	011425	1 G8417		0.00	0.00	0.00	0.00			0.00
1306898036	0114	011425	1 3075F		0.00	0.00	0.00	0.00			0.00
1306898036	0114	011425	1 3079F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		501.00	186.02	0.00	0.00		314.98	186.02
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	186.02
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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SYTSMA, JUSTIN			HIC	94986987200	ACNT	6960LMD642	ICN 447563205400		ASG Y	MOA		
1306898036	0613	061325	1	99213	25		146.00	108.22	108.22	0.00	CO-45	37.78 0.00
1306898036	0613	061325	1	G0447	XU		65.00	31.26	0.00	0.00	CO-45	33.74 31.26
1306898036	0613	061325	1	99401	25		65.00	54.70	0.00	0.00	CO-45	10.30 54.70
1306898036	0613	061325	1	0513F			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	1	G8427			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	1	3077F			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	1	3079F			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0613	061325	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP		108.22	CLAIM TOTALS				276.00	194.18	108.22	0.00		81.82 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 VANDERVELDE, BRENDA			HIC	94919455500	ACNT	6915LMD642	ICN 447507678800		ASG Y	MOA		
INSURED NAME: VANDER VELDE, BRENDA												
1306898036	0611	061125	1	99213	25		146.00	108.22	0.00	0.00	CO-45	37.78 73.22
											PR-3	35.00
1306898036	0611	061125	1	G0446	XU		65.00	31.26	0.00	0.00	CO-45	33.74 31.26
1306898036	0611	061125	1	99401	25		65.00	54.70	0.00	0.00	CO-45	10.30 54.70
1306898036	0611	061125	1	83036	QW		60.90	10.23	0.00	2.05	CO-45	50.67 8.18
1306898036	0611	061125	1	1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0611	061125	1	G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0611	061125	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0611	061125	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0611	061125	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0611	061125	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0611	061125	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0611	061125	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0611	061125	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0611	061125	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP		37.05	CLAIM TOTALS				336.90	204.41	0.00	2.05		167.49 167.36
ADJ TO TOTAL: PREV PD			INTEREST				0.00	LATE FILING	CHARGE		0.00	NET 167.36
PLAN TYPE: MY PRIORITY HMO												
STATUS CODE 1: Processed as Primary												

NAME ERICKSON, ANDREW			HIC	94949348000	ACNT	7059LMD642	ICN 447563203700		ASG Y	MOA		
1013940584	0618	061825	1	99204	25		337.00	199.00	0.00	0.00	CO-45	138.00 159.00
											PR-3	40.00
1013940584	0618	061825	1	99408			61.00	0.00	0.00	0.00	CO-97	61.00 0.00
					REM: N19							
1013940584	0618	061825	1	99406			23.00	20.94	0.00	0.00	CO-45	2.06 20.94
1013940584	0618	061825	1	G0446	XU		65.00	31.26	0.00	0.00	CO-45	33.74 31.26
1013940584	0618	061825	1	G0447	XU		65.00	31.26	0.00	0.00	CO-45	33.74 31.26
1013940584	0618	061825	1	99401	25		65.00	54.70	0.00	0.00	CO-45	10.30 54.70
1013940584	0618	061825	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0618	061825	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0618	061825	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0618	061825	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0618	061825	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0618	061825	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP		40.00	CLAIM TOTALS				616.00	337.16	0.00	0.00		318.84 297.16
ADJ TO TOTAL: PREV PD			INTEREST				0.00	LATE FILING	CHARGE		0.00	NET 297.16
STATUS CODE 1: Processed as Primary												

NAME MILLER, TERRY			HIC	94721609700	ACNT	7048LMD642	ICN 447615601900		ASG Y	MOA		
1013940584	0618	061825	1	99213	25		146.00	108.22	108.22	0.00	CO-45	37.78 0.00
1013940584	0618	061825	1	82043	QW		14.70	6.00	6.00	0.00	CO-45	8.70 0.00
1013940584	0618	061825	1	82570	QW		17.85	5.65	5.65	0.00	CO-45	12.20 0.00
1013940584	0618	061825	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0618	061825	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0618	061825	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0618	061825	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0618	061825	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0618	061825	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0618	061825	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0618	061825	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0618	061825	1	3061F			0.00	0.00	0.00	0.00		0.00
PT RESP		119.87	CLAIM TOTALS				178.55	119.87	119.87	0.00		58.68 0.00
ADJ TO TOTAL: PREV PD			INTEREST				0.00	LATE FILING	CHARGE		0.00	NET 0.00
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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SHOEMAKER, CASSIE			HIC	94713560900	ACNT	6928LMD642	ICN 447507677100		ASG Y	MOA		
1013940584	0611	061125	1	99213	25		146.00	0.00	0.00	0.00	CO-16	146.00 0.00
REM: MA63												
1013940584	0611	061125	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0611	061125	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0611	061125	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0611	061125	1	G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0611	061125	1	1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0611	061125	1	G0446	XU		61.88	31.26	0.00	0.00	CO-45	31.26
PT RESP	0.00		CLAIM TOTALS				207.88	31.26	0.00	0.00		31.26
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	31.26
PLAN TYPE: COREWELL HEALTH EMP GRP												
STATUS CODE 1: Processed as Primary												

NAME WALTER, MATTHEW			HIC	94853909800	ACNT	6955LMD642	ICN 447449071100		ASG Y	MOA		
1013940584	0613	061325	1	99213	25		146.00	108.22	108.22	0.00	CO-45	37.78 0.00
1013940584	0613	061325	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0613	061325	1	36415			20.00	15.22	15.22	0.00	CO-45	4.78 0.00
1013940584	0613	061325	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0613	061325	1	3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	123.44		CLAIM TOTALS				166.00	123.44	123.44	0.00		42.56 0.00
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: WEST MI PARTNERS												
STATUS CODE 1: Processed as Primary												

NAME WYCHERS, DALE			HIC	94890348800	ACNT	6978LMD642	ICN 447615604500		ASG Y	MOA		
1013940584	0616	061625	1	99396	25		327.00	172.48	0.00	0.00	CO-45	154.52 172.48
1013940584	0616	061625	2	96127	XU		80.00	0.00	0.00	0.00	CO-97	80.00 0.00
REM: N19												
1013940584	0616	061625	1	G0136	33		65.00	27.10	0.00	0.00	CO-45	37.90 27.10
1013940584	0616	061625	1	82043	QW		14.70	6.00	0.00	0.00	CO-45	8.70 6.00
1013940584	0616	061625	1	82570	QW		17.85	5.65	0.00	0.00	CO-45	12.20 5.65
1013940584	0616	061625	1	99408			61.00	0.00	0.00	0.00	CO-97	61.00 0.00
REM: N19												
1013940584	0616	061625	1	36415			20.00	15.22	0.00	0.00	CO-45	4.78 15.22
1013940584	0616	061625	1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00 0.00
REM: M51												
1013940584	0616	061625	1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45 0.00
REM: M51												
1013940584	0616	061625	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0616	061625	1	1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0616	061625	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0616	061625	1	3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0616	061625	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0616	061625	1	3061F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS				645.00	226.45	0.00	0.00		418.55 226.45
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	226.45
STATUS CODE 1: Processed as Primary												

NAME SIDLAUSKAS, THOMAS			HIC	94711734100	ACNT	6995LMD642	ICN 447449071000		ASG Y	MOA		
1306898036	0616	061625	1	98966			25.00	0.00	0.00	0.00	CO-96	25.00 0.00
REM: N448												
PT RESP	0.00		CLAIM TOTALS				25.00	0.00	0.00	0.00		25.00 0.00
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: COREWELL HEALTH EMP GRP												
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	4234.78	1983.33	351.53	2.05	2381.45	1499.75	0.00	1499.75

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-252 An attachment / other documentation is required to adjudicate this claim / service. 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).

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

M29 Missing operative note / report.

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

M76 Missing / incomplete / invalid diagnosis or condition.

MA63 Missing / incomplete / invalid principal diagnosis.

N19 Procedure code incidental to primary procedure.

N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee



PRIORITY HEALTH

NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC [900068405]
EFT #: 25173B1000101317 PAGE #: 5 of 5
N769 A lateral diagnosis is required.
PR-1 Deductible Amount
PR-2 Coinsurance Amount
PR-3 Co-payment Amount

REMITTANCE

ADVICE
DATE: 2025-06-26

