

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 4
DATE: 2025-05-15
EFT #: 25131B1000102108
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BURGESS, TAYLOR			HIC 94842893900	ACNT 6225LMD642	ICN 445264999000				ASG Y	MOA	
1013940584	0506	050625	1 99213		146.00	108.22	108.22	0.00	CO-45	37.78	0.00
1013940584	0506	050625	1 G8420		0.00	0.00	0.00	0.00			0.00
1013940584	0506	050625	1 3074F		0.00	0.00	0.00	0.00			0.00
1013940584	0506	050625	1 3078F		0.00	0.00	0.00	0.00			0.00
1013940584	0506	050625	1 1036F		0.00	0.00	0.00	0.00			0.00
1013940584	0506	050625	1 3008F		0.00	0.00	0.00	0.00			0.00
1013940584	0506	050625	1 2001F		0.00	0.00	0.00	0.00			0.00
1013940584	0506	050625	1 2000F		0.00	0.00	0.00	0.00			0.00
1013940584	0506	050625	1 1000F		0.00	0.00	0.00	0.00			0.00
1013940584	0506	050625	1 1159F		0.00	0.00	0.00	0.00			0.00
1013940584	0506	050625	1 1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	108.22		CLAIM TOTALS			146.00	108.22	108.22	0.00	37.78	0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	NET 0.00
PLAN TYPE: WEST MI PARTNERS											
STATUS CODE 1: Processed as Primary											

NAME DEWEERD, RONALD			HIC 94912016400	ACNT 6269LMD642	ICN 445305523700		ASG Y	MOA		
1013940584	0508	050825	1 99214 25	219.00	0.00	0.00	0.00	CO-16	219.00	0.00
REM: N769										
1013940584	0508	050825	1 G0447 XU	65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1013940584	0508	050825	1 99401 25	65.00	54.70	0.00	0.00	CO-45	10.30	54.70
1013940584	0508	050825	1 G8476	0.00	0.00	0.00	0.00			0.00
1013940584	0508	050825	1 3008F	0.00	0.00	0.00	0.00			0.00
1013940584	0508	050825	1 2001F	0.00	0.00	0.00	0.00			0.00
1013940584	0508	050825	1 2000F	0.00	0.00	0.00	0.00			0.00
1013940584	0508	050825	1 1000F	0.00	0.00	0.00	0.00			0.00
1013940584	0508	050825	1 1159F	0.00	0.00	0.00	0.00			0.00
1013940584	0508	050825	1 1160F	0.00	0.00	0.00	0.00			0.00
1013940584	0508	050825	1 3074F	0.00	0.00	0.00	0.00			0.00
1013940584	0508	050825	1 3078F	0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS	349.00	85.96	0.00	0.00		263.04	85.96
ADJ TO TOTAL: PREV PD			INTEREST	0.00	LATE FILING CHARGE			0.00	NET	85.96
PLAN TYPE: WEST MI PARTNERS										
STATUS CODE 1: Processed as Primary										

NAME HALL, JESSICA			HIC 94830246301	ACNT 5265LMD642	ICN 436399838300			ASG Y	MOA		
1013940584	0314	031425	-1 99395 25		-297.00	0.00	0.00	0.00	CO-16	-297.00	0.00
REM: N769											
1013940584	0314	031425	-1 96127 XU		-40.00	-9.34	0.00	0.00	CO-45	-30.66	-9.34
1013940584	0314	031425	-1 96127 XU		-40.00	-9.34	0.00	0.00	CO-45	-30.66	-9.34
1013940584	0314	031425	-1 99401 33		-40.00	-40.00	0.00	0.00			-40.00
1013940584	0314	031425	-1 G0447 XU		-61.88	-30.99	0.00	0.00	CO-45	-30.89	-30.99
1013940584	0314	031425	-1 G8417		0.00	0.00	0.00	0.00			0.00
1013940584	0314	031425	-1 3074F		0.00	0.00	0.00	0.00			0.00
1013940584	0314	031425	-1 3078F		0.00	0.00	0.00	0.00			0.00
1013940584	0314	031425	-1 G9621		0.00	0.00	0.00	0.00			0.00
1013940584	0314	031425	-1 G8510		0.00	0.00	0.00	0.00			0.00
1013940584	0314	031425	-1 1036F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		-478.88	-89.67	0.00	0.00		-389.21	-89.67
ADJ TO TOTAL: PREV PD			INTEREST		0.00	LATE FILING CHARGE		0.00	NET	-89.67	
STATUS CODE 22: Reversal of Previous Payment											



PRIORITY HEALTH

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PAGE #: 2 of 4REMITTANCE
ADVICE
DATE: 2025-05-15

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HALL, JESSICA			HIC 94830246301	ACNT	5265LMD642	ICN 436876863500			ASG Y	MOA	
1013940584	0314	031425	1 99395	25		297.00	160.87	0.00	0.00	CO-45	136.13 160.87
1013940584	0314	031425	1 96127	XU		40.00	9.34	0.00	0.00	CO-45	30.66 9.34
1013940584	0314	031425	1 96127	XU		40.00	9.34	0.00	0.00	CO-45	30.66 9.34
1013940584	0314	031425	1 99401	33		40.00	0.00	0.00	0.00	CO-97	40.00 0.00
REM: N119											
1013940584	0314	031425	1 G0447	XU		61.88	30.99	0.00	0.00	CO-45	30.89 30.99
1013940584	0314	031425	1 G8417			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1 G9621			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1 G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1 1036F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			478.88	210.54	0.00	0.00		268.34 210.54
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 210.54
STATUS CODE 1: Processed as Primary											

NAME KEENA, SCOTT			HIC 94805361300	ACNT	5217LMD642	ICN 436135095000			ASG Y	MOA	
1013940584	0311	031125	1 99215	25		295.00	213.04	0.00	0.00	CO-45	81.96 193.04
PR-3 20.00											
1013940584	0311	031125	1 93000			71.00	21.27	0.00	0.00	CO-45	49.73 21.27
1013940584	0311	031125	1 36415			20.00	15.09	0.00	0.00	CO-45	4.91 15.09
1013940584	0311	031125	1 3077F			0.00	0.00	0.00	0.00		0.00
1013940584	0311	031125	1 3080F			0.00	0.00	0.00	0.00		0.00
1013940584	0311	031125	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0311	031125	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0311	031125	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0311	031125	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0311	031125	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0311	031125	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	20.00		CLAIM TOTALS			386.00	249.40	0.00	0.00		156.60 229.40
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 229.40
STATUS CODE 1: Processed as Primary											

NAME MAGNUSSEN, ELEAH			HIC 95005923000	ACNT	6149LMD642	ICN 445223931800			ASG Y	MOA	
1013940584	0502	050225	1 99213	25		146.00	108.22	108.22	0.00	CO-45	37.78 0.00
1013940584	0502	050225	1 G0447	XU		65.00	31.26	0.00	0.00	CO-45	33.74 31.26
1013940584	0502	050225	1 99401	25		65.00	54.70	0.00	0.00	CO-45	10.30 54.70
1013940584	0502	050225	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0502	050225	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0502	050225	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0502	050225	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0502	050225	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0502	050225	1 1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0502	050225	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0502	050225	1 3078F			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 PUNCHES, BRIAN			HIC 94997884201	ACNT	5638LMD642	ICN 437200892700			ASG Y	MOA	
1013940584	0217	021725	1 99214	25		219.00	0.00	0.00	0.00	PR-27	219.00 0.00
REM: N650											
1013940584	0217	021725	1 36415			20.00	0.00	0.00	0.00	PR-27	20.00 0.00
REM: N650											
1013940584	0217	021725	1 99408			61.00	0.00	0.00	0.00	PR-27	61.00 0.00
REM: N650											
1013940584	0217	021725	1 3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0217	021725	1 3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0217	021725	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0217	021725	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0217	021725	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0217	021725	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0217	021725	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0217	021725	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	300.00		CLAIM TOTALS			300.00	0.00	0.00	0.00		300.00 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: MY PRIORITY HMO											
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 SHOEMAKER, CASSIE				HIC	94713560900	ACNT	6259LMD642	ICN 445307980500				ASG Y	MOA	
1013940584	0507	050725		1	99396	25		327.00	172.48	0.00	0.00	CO-45	154.52	172.48
1013940584	0507	050725		1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1013940584	0507	050725		1	G0136	33		34.80	27.10	0.00	0.00	CO-45	7.70	27.10
1013940584	0507	050725		1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45	0.00
				REM: M51										
1013940584	0507	050725		1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00	0.00
				REM: M51										
1013940584	0507	050725		1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0507	050725		1	0513F			0.00	0.00	0.00	0.00			0.00
1013940584	0507	050725		1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0507	050725		1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP 0.00				CLAIM TOTALS				441.25	214.80	0.00	0.00		226.45	214.80
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	214.80
PLAN TYPE: COREWELL HEALTH EMP GRP														
STATUS CODE 1: Processed as Primary														

NAME SHRONTZ, NATHAN				HIC	94890595800	ACNT	6140LMD642	ICN 445164236000				ASG Y	MOA	
1013940584	0219	021925		1	99213	25		146.00	107.30	0.00	0.00	CO-45	38.70	87.30
				PR-3										
1013940584	0219	021925		1	99401	33		0.00	0.00	0.00	0.00			0.00
1013940584	0219	021925		1	G0447	XU		0.00	0.00	0.00	0.00			0.00
1013940584	0219	021925		1	G8431			0.00	0.00	0.00	0.00			0.00
1013940584	0219	021925		1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0219	021925		1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0219	021925		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0219	021925		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0219	021925		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0219	021925		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0219	021925		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0219	021925		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0219	021925		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP 20.00				CLAIM TOTALS				146.00	107.30	0.00	0.00		58.70	87.30
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	87.30
PLAN TYPE: WEST MI PARTNERS														
STATUS CODE 1: Processed as Primary														

NAME VANFLEET, PETER				HIC	94997671900	ACNT	6134LMD642	ICN 444962801300				ASG Y	MOA	
1013940584	0501	050125		1	99214	25		219.00	152.63	0.00	0.00	CO-45	66.37	102.63
				PR-3										
1013940584	0501	050125		1	G0447	XU		65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1013940584	0501	050125		1	99401	25		65.00	54.70	0.00	0.00	CO-45	10.30	54.70
1013940584	0501	050125		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050125		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050125		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050125		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050125		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050125		1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050125		1	3077F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050125		1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP 50.00				CLAIM TOTALS				349.00	238.59	0.00	0.00		160.41	188.59
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	188.59
PLAN TYPE: MY PRIORITY HMO														
STATUS CODE 1: Processed as Primary														

NAME WALDO, SUZANNE				HIC	94909220400	ACNT	6133LMD642	ICN 445223929700				ASG Y	MOA	
1013940584	0501	050125		1	99214	25		219.00	152.63	0.00	0.00	CO-45	66.37	147.63
				PR-3										
1013940584	0501	050125		1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1013940584	0501	050125		1	G0447	XU		65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1013940584	0501	050125		1	99401	25		65.00	54.70	0.00	0.00	CO-45	10.30	54.70
1013940584	0501	050125		1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050125		1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050125		1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050125		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050125		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050125		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050125		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050125		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050125		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP 5.00				CLAIM TOTALS				369.00	253.81	0.00	0.00		120.19	248.81
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	248.81
PLAN TYPE: MY PRIORITY HMO														
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DATE: 2025-05-15

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	WALTER, ANGELIQUE		HIC 94853909801	ACNT	6169LMD642			ICN 445164236800	ASG Y	MOA	
1013940584	0429 042925	1	36415			20.00	15.22	0.00	0.00	CO-45	15.22
PT RESP	0.00		CLAIM TOTALS			20.00	15.22	0.00	0.00		15.22
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	15.22
PLAN TYPE:	WEST MI PARTNERS									NET	
STATUS CODE 1:	Processed as Primary										

NAME	WALTER, ANGELIQUE		HIC 94853909801	ACNT	6173LMD642			ICN 445223933400	ASG Y	MOA	
1013940584	0505 050525	1	99396 25			327.00	172.48	0.00	0.00	CO-45	172.48
1013940584	0505 050525	1	G0136 33			65.00	27.10	0.00	0.00	CO-45	27.10
1013940584	0505 050525	1	36415			20.00	15.22	0.00	0.00	CO-45	15.22
1013940584	0505 050525	1	G0442 XU			30.00	0.00	0.00	0.00	CO-16	0.00
			REM: M51								
1013940584	0505 050525	1	G0444 XU			29.45	0.00	0.00	0.00	CO-16	0.00
			REM: M51								
1013940584	0505 050525	1	G0447 XU			65.00	31.26	0.00	0.00	CO-45	31.26
1013940584	0505 050525	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0505 050525	1	3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0505 050525	1	G8417			0.00	0.00	0.00	0.00		0.00
1013940584	0505 050525	1	G9621			0.00	0.00	0.00	0.00		0.00
1013940584	0505 050525	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0505 050525	1	2028F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			536.45	246.06	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	0.00
PLAN TYPE:	WEST MI PARTNERS									NET	246.06
STATUS CODE 1:	Processed as Primary										

NAME	SIDLAUSKAS, THOMAS		HIC 94711734100	ACNT	6189LMD642			ICN 445223935800	ASG Y	MOA	
1306898036	0505 050525	1	99214			219.00	152.63	0.00	0.00	CO-45	0.00
1306898036	0505 050525	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0505 050525	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	152.63		CLAIM TOTALS			219.00	152.63	152.63	0.00		0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00		LATE FILING CHARGE		0.00	0.00
PLAN TYPE:	COREWELL HEALTH EMP GRP									NET	0.00
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
	14	3537.70	1987.04	369.07	0.00	1645.66	1522.97	0.00	1522.97

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-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).

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.

N650 This policy was not in effect for this date of loss. No coverage is available.

N769 A lateral diagnosis is required.

PR-1 Deductible Amount

PR-27 Expenses incurred after coverage terminated.

PR-3 Co-payment Amount

