

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: 2025-07-31
EFT #: 25208B1000094343
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME DOANE, DEBBIE				HIC	94805320400	ACNT	7614LMD642			ICN	455922401800	ASG Y	MOA	
1306898036	0723	072325		1	99214			219.00	152.63	0.00	0.00	CO-45	66.37	152.63
1306898036	0723	072325		1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325		1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325		1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325		1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325		1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325		1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325		1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325		1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00		CLAIM TOTALS				219.00	152.63	0.00	0.00		66.37	152.63
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	152.63	
PLAN TYPE: COREWELL HEALTH EMP GRP														
STATUS CODE 1: Processed as Primary														

NAME GREINER, LOUISE			HIC 94903763300	ACNT 7611LMD642	ICN 455922401300		ASG Y	MOA		
1306898036	0723	072325	1 99214 25	219.00	152.63	0.00	0.00	CO-45	66.37	127.63
								PR-3	25.00	
1306898036	0723	072325	1 G2211	25.00	0.00	0.00	0.00	CO-97	25.00	0.00
1306898036	0723	072325	1 G0446 XU	65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1306898036	0723	072325	1 3074F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 3078F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 G8476	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 1036F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 3008F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 2001F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 2000F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 1000F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 1159F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 1160F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 3008F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 2001F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 2000F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 1000F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 1159F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 1160F	0.00	0.00	0.00	0.00			0.00
PT RESP		25.00	CLAIM TOTALS	309.00	183.89	0.00	0.00		150.11	158.89
ADJ TO TOTAL: PREV PD			INTEREST	0.00	LATE FILING CHARGE			0.00	NET	158.89
STATUS CODE 1: Processed as Primary										

NAME MAAT, DIANNA			HIC 94900979801	ACNT 7619LMD642	ICN 455922397300		ASG Y	MOA		
1306898036	0723	072325	1 99214	219.00	0.00	0.00	0.00	CO-16	219.00	0.00
REM: N769										
1306898036	0723	072325	1 G8420	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 3075F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 3078F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 3008F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 2001F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 2000F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 1000F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 1159F	0.00	0.00	0.00	0.00			0.00
1306898036	0723	072325	1 1160F	0.00	0.00	0.00	0.00			0.00
PT RESP		0.00	CLAIM TOTALS		219.00	0.00	0.00		219.00	0.00
ADJ TO TOTAL: PREV PD			INTEREST		0.00	LATE FILING CHARGE		0.00	NET	0.00
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, JEPCHIRCHIR			HIC 94990257402		ACNT	6963LMD642	ICN 447563205600		ASG Y	MOA		
INSURED NAME: RUTTO, CHEPCHIRCHIR												
1306898036	0613	061325	1	99392	25		256.00	0.00	0.00	0.00	CO-22	256.00 0.00
						REM: N36						
1306898036	0613	061325	1	G0136	33		34.80	0.00	0.00	0.00	CO-22	34.80 0.00
						REM: N36						
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
PT RESP	0.00			CLAIM	TOTALS		290.80	0.00	0.00	0.00		290.80 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: COREWELL HEALTH EMP GRP												
STATUS CODE 1: Processed as Primary												

NAME SHOEMAKER, KYLE			HIC 94713560901		ACNT	7621LMD642	ICN 455922398400		ASG Y	MOA		
1306898036	0723	072325	1	99213			146.00	108.22	0.00	0.00	CO-45 PR-3	37.78 58.22
											50.00	
1306898036	0723	072325	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	50.00			CLAIM	TOTALS		146.00	108.22	0.00	0.00		87.78 58.22
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	58.22
PLAN TYPE: COREWELL HEALTH EMP GRP												
STATUS CODE 1: Processed as Primary												

NAME CHAFFIN, WILLIAM			HIC 94953220401		ACNT	7576LMD642	ICN 455861383900		ASG Y	MOA		
1013940584	0721	072125	1	99214	25		219.00	152.63	0.00	0.00	CO-45	66.37 152.63
1013940584	0721	072125	1	36415			20.00	15.22	0.00	0.00	CO-45	4.78 15.22
1013940584	0721	072125	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	1	1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0721	072125	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM	TOTALS		239.00	167.85	0.00	0.00		71.15 167.85
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	167.85
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												

NAME CHAFFIN, WILLIAM			HIC 94953220401		ACNT	7605LMD642	ICN 455922398900		ASG Y	MOA		
1013940584	0721	072125	1	85610			21.00	4.59	0.00	0.00	CO-45	16.41 4.59
PT RESP	0.00			CLAIM	TOTALS		21.00	4.59	0.00	0.00		16.41 4.59
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	4.59
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												

NAME CHAFFIN, WILLIAM			HIC 94953220401		ACNT	7606LMD642	ICN 455922399300		ASG Y	MOA		
1013940584	0505	050525	1	85610			21.00	4.59	0.00	0.00	CO-45	16.41 4.59
PT RESP	0.00			CLAIM	TOTALS		21.00	4.59	0.00	0.00		16.41 4.59
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	4.59
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												

NAME CHAFFIN, WILLIAM			HIC 94953220401		ACNT	7607LMD642	ICN 455922399900		ASG Y	MOA		
1013940584	0418	041825	1	85610			21.00	4.59	0.00	0.00	CO-45	16.41 4.59
PT RESP	0.00			CLAIM	TOTALS		21.00	4.59	0.00	0.00		16.41 4.59
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	4.59
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												

NAME CHAFFIN, WILLIAM			HIC 94953220401		ACNT	7608LMD642	ICN 455922400300		ASG Y	MOA		
1013940584	0626	062625	1	85610			21.00	4.59	0.00	0.00	CO-45	16.41 4.59
PT RESP	0.00			CLAIM	TOTALS		21.00	4.59	0.00	0.00		16.41 4.59
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	4.59
PLAN TYPE: COREWELL HLTH WMI NTWK												
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DATE: 2025-07-31

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	DEWEERD, RONALD			HIC	94912016400	ACNT	7527LMD642			ICN	455810723200	ASG Y	MOA	
1013940584	0718	071825		1	98967			46.82	0.00	0.00	0.00	CO-96	46.82	0.00
REM: N448														
PT RESP	0.00			CLAIM	TOTALS			46.82	0.00	0.00	0.00		46.82	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	PARSONS, MARJORIE			HIC	94710466200	ACNT	7601LMD642			ICN	455861386600	ASG Y	MOA	
1013940584	0722	072225		1	99214 25			219.00	152.63	0.00	0.00	CO-45	66.37	117.63
												PR-3	35.00	
1013940584	0722	072225		1	G0446 XU			65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1013940584	0722	072225		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	35.00			CLAIM	TOTALS			284.00	183.89	0.00	0.00		135.11	148.89
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	148.89
PLAN TYPE: COREWELL HEALTH EMP GRP														
STATUS CODE 1: Processed as Primary														

NAME	SANTIAGO, AMY			HIC	95004958303	ACNT	7590LMD642			ICN	455861385400	ASG Y	MOA	
1013940584	0722	072225		1	99394 25			289.00	158.52	0.00	0.00	CO-45	130.48	158.52
1013940584	0722	072225		1	G0136 33			65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1013940584	0722	072225		1	99401 25			65.00	0.00	0.00	0.00	CO-97	65.00	0.00
REM: N119														
1013940584	0722	072225		1	90619			347.00	195.90	0.00	0.00	CO-45	151.10	195.90
1013940584	0722	072225		1	90620			320.00	270.18	0.00	0.00	CO-45	49.82	270.18
1013940584	0722	072225		2	90460			82.00	56.71	0.00	0.00	CO-45	25.29	56.71
1013940584	0722	072225		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	G8427			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS			1168.00	708.41	0.00	0.00		459.59	708.41
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	708.41
STATUS CODE 1: Processed as Primary														

NAME	SANTIAGO, MICHELLE			HIC	95004958301	ACNT	7596LMD642			ICN	455861385700	ASG Y	MOA	
1013940584	0722	072225		1	99213			146.00	108.22	108.22	0.00	CO-45	37.78	0.00
1013940584	0722	072225		1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0722	072225		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
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 SANTIAGO, RYAN			HIC	95004958302	ACNT	7551LMD642	ICN 455810727800		ASG Y	MOA		
1013940584	0722	072225	1	99395	25		297.00	162.24	0.00	0.00	CO-45	134.76 162.24
1013940584	0722	072225	1	G0136	33		65.00	27.10	0.00	0.00	CO-45	37.90 27.10
1013940584	0722	072225	1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00 0.00
REM: M51												
1013940584	0722	072225	1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45 0.00
REM: M51												
1013940584	0722	072225	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0722	072225	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0722	072225	1	1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0722	072225	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0722	072225	1	G8476			0.00	0.00	0.00	0.00		0.00
1013940584	0722	072225	1	G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM	TOTALS		421.45	189.34	0.00	0.00		232.11 189.34
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 189.34
STATUS CODE 1: Processed as Primary												

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 22: Reversal of Previous Payment												

NAME SLACHTER, STEVEN			HIC	94817037400	ACNT	1768LMD642	ICN 445305522800		ASG Y	MOA		
1013940584	0819	081924	-1	99214	25		-247.32	-138.62	0.00	0.00	CO-45	-108.70 -108.62
PR-3 -30.00												
1013940584	0819	081924	-1	36415			-15.00	0.00	0.00	0.00	OA-18	-15.00 0.00
1013940584	0819	081924	-1	96127	XU		-40.00	0.00	0.00	0.00	OA-18	-40.00 0.00
1013940584	0819	081924	-1	96127	XU		-40.00	0.00	0.00	0.00	OA-18	-40.00 0.00
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		-342.32	-138.62	0.00	0.00		-233.70 -108.62
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET -108.62
STATUS CODE 22: Reversal of Previous Payment												

NAME SLACHTER, STEVEN			HIC	94817037400	ACNT	1768LMD642	ICN 447446767500		ASG Y	MOA		
1013940584	0819	081924	1	99214	25		247.32	138.62	0.00	0.00	CO-45	108.70 108.62
PR-3 30.00												
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	30.00			CLAIM	TOTALS		342.32	171.28	0.00	0.00		201.04 141.28
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 141.28
STATUS CODE 1: Processed as Primary												

NAME STANLEY, SANDRA			HIC	95002867700	ACNT	7507LMD642	ICN 455612365900		ASG Y	MOA		
1013940584	0623	062325	1	93000			71.00	21.45	21.45	0.00	CO-45	49.55 0.00
PT RESP	21.45			CLAIM	TOTALS		71.00	21.45	21.45	0.00		49.55 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												



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25208B1000094343

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 5 of 5

REMITTANCE
ADVICE
DATE: 2025-07-31

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VANLAAR, MARY HIC 94979538300 ACNT 7604LMD642 ICN 455861387300 ASG Y MOA											
INSURED NAME: VAN LAAR, MARY											
1013940584	0722	072225	1	99214	25	219.00	152.63	152.63	0.00	CO-45	66.37
1013940584	0722	072225	1	36415		20.00	15.22	15.22	0.00	CO-45	4.78
1013940584	0722	072225	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0722	072225	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0722	072225	1	G8476		0.00	0.00	0.00	0.00		0.00
1013940584	0722	072225	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0722	072225	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0722	072225	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0722	072225	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0722	072225	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0722	072225	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	167.85			CLAIM TOTALS		239.00	167.85	167.85	0.00		71.15
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											

NAME VANFLEET, PETER HIC 94997671900 ACNT 7552LMD642 ICN 455810728400 ASG Y MOA											
1013940584	0424	042425	1	36415		20.00	15.22	0.00	0.00	CO-45	4.78
PT RESP	0.00			CLAIM TOTALS		20.00	15.22	0.00	0.00		4.78
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 15.22
PLAN TYPE: MY PRIORITY HMO											
STATUS CODE 1: Processed as Primary											

NAME WALDO, MATTHEW HIC 94987589402 ACNT 7548LMD642 ICN 455810727500 ASG Y MOA											
1013940584	0403	040325	1	99391		239.00	155.61	0.00	0.00	CO-45	83.39
PT RESP	0.00			CLAIM TOTALS		239.00	155.61	0.00	0.00		83.39
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 155.61
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
	22	4047.07	2180.94	297.52	0.00	1976.13	1773.42	0.00	1773.42

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-22 Payment adjusted because this care may be covered by another payer per coordination of benefits.

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

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.

N36 Claim must meet primary payer's processing requirements before we can consider payment.

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

N769 A lateral diagnosis is required.

OA-18 Duplicate claim / service.

PR-1 Deductible Amount

PR-3 Co-payment Amount

