

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: 2025-04-24  
EFT #: 25110B1000484834  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HYDE, WARREN			HIC 1239663325		ACNT	1218LMD642		ICN 444135373400	ASG Y	MOA	
1306898036	0719	071924	1	99393		270.00	72.79	0.00	0.00	CO-45	197.21 72.79
PT RESP		0.00	CLAIM TOTALS			270.00	72.79	0.00	0.00		197.21 72.79
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	72.79
STATUS CODE 1: Processed as Primary											

NAME HYDE, WARREN			HIC 1239663325		ACNT	5555LMD642		ICN 444135373600	ASG Y	MOA	
1306898036	0328	032825	1	99213		146.00	58.58	0.00	0.00	CO-45	87.42 58.58
1306898036	0328	032825	1	G8420		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	1	1036F		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			146.00	58.58	0.00	0.00		87.42 58.58
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	58.58
STATUS CODE 1: Processed as Primary											

NAME TAYLOR, ELIZABETH			HIC 0089610485		ACNT	5794LMD642		ICN 437594584300	ASG Y	MOA	
1306898036	0411	041125	1	99214		219.00	82.43	0.00	0.00	CO-45	136.57 82.43
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	1036F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			219.00	82.43	0.00	0.00		136.57 82.43
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	82.43
STATUS CODE 1: Processed as Primary											

NAME CHACHULSKI, REBECCA			HIC 0059961701		ACNT	5383LMD642		ICN 436535456000	ASG Y	MOA	
1013940584	0319	031925	-1	99214		-219.00	0.00	0.00	0.00	CO-16	-219.00 0.00
REM: N769											
1013940584	0319	031925	-1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	-1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	-1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	-1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	-1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	-1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	-1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	-1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			-219.00	0.00	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 22: Reversal of Previous Payment											

NAME CHACHULSKI, REBECCA			HIC 0059961701		ACNT	5383LMD642		ICN 436805647600	ASG Y	MOA	
1013940584	0319	031925	1	99214		219.00	110.16	0.00	0.00	CO-45	108.84 110.16
1013940584	0319	031925	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			219.00	110.16	0.00	0.00		108.84 110.16
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	110.16
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	635.00	323.96	0.00	0.00	311.04	323.96	0.00	323.96



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REMITTANCE

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DATE: 2025-04-24

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.

N769 A lateral diagnosis is required.

