

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 1
 DATE: 2025-03-27
 EFT #: 25082B1000354103
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MEYERS, GRETA			HIC 94914325004	ACNT	5311LMD642	ICN 436369414000			ASG Y	MOA	
1013940584	0317	031725	1 99393			270.00	136.97	0.00	0.00	CO-45	133.03 136.97
1013940584	0317	031725	1 99213	25		146.00	102.19	102.19	0.00	CO-45	43.81 0.00
1013940584	0317	031725	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0317	031725	1 3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	102.19		CLAIM TOTALS			416.00	239.16	102.19	0.00		176.84 136.97
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE			0.00	NET 136.97
STATUS CODE 1: Processed as Primary											

NAME WOLTJER, JOEL			HIC 94889500200	ACNT	5256LMD642	ICN 436535447100			ASG Y	MOA	
1013940584	0314	031425	1 99396	25		327.00	0.00	0.00	0.00	CO-16	327.00 0.00
			REM: M76								
1013940584	0314	031425	1 99406	33		23.00	0.00	0.00	0.00	CO-16	23.00 0.00
			REM: M76								
1013940584	0314	031425	1 36415			20.00	15.09	0.00	0.00	CO-45	4.91 15.09
1013940584	0314	031425	1 96160	XU		5.30	5.30	0.00	0.00		5.30
1013940584	0314	031425	1 96127	XU		40.00	0.00	0.00	0.00	CO-97	40.00 0.00
			REM: N19								
1013940584	0314	031425	1 G8417			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1 3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1 3079F			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 4004F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			415.30	20.39	0.00	0.00		394.91 20.39
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE			0.00	NET 20.39
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
	2	831.30	259.55	102.19	0.00	571.75	157.36	0.00	157.36

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

M76 Missing / incomplete / invalid diagnosis or condition.

N19 Procedure code incidental to primary procedure.

PR-1 Deductible Amount

