

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: 2025-07-24
EFT #: 25201B1000089436
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DIETRICH, JOHN			HIC 95004502500	ACNT 7427LMD642		ICN 455416098700	ASG Y	MOA			
1306898036	0714	071425	1 99396	25	327.00	172.48	0.00	0.00	CO-45	154.52	172.48
1306898036	0714	071425	1 G0136	33	65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1306898036	0714	071425	1 G2211		25.00	0.00	0.00	0.00	CO-97	25.00	0.00
1306898036	0714	071425	1 G0447	XU	65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1306898036	0714	071425	2 96127	XU	80.00	18.85	0.00	0.00	CO-45	61.15	18.85
1306898036	0714	071425	1 99401	25	65.00	0.00	0.00	0.00	CO-97	65.00	0.00
REM: N119											
1306898036	0714	071425	1 G8476		0.00	0.00	0.00	0.00			0.00
1306898036	0714	071425	1 3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0714	071425	1 3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0714	071425	1 G8510		0.00	0.00	0.00	0.00			0.00
1306898036	0714	071425	1 G8417		0.00	0.00	0.00	0.00			0.00
1306898036	0714	071425	1 G9622		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		627.00	249.69	0.00	0.00		377.31	249.69
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	NET 249.69
PLAN TYPE: MY PRIORITY HMO											
STATUS CODE 1: Processed as Primary											

NAME FLIER, JOEL			HIC 94840278700	ACNT 7258LMD642	ICN 455095598800		ASG Y	MOA			
1306898036	0702	070225	1 99396	25	327.00	172.48	0.00	0.00	CO-45	154.52	172.48
1306898036	0702	070225	1 G0136	33	34.80	27.10	0.00	0.00	CO-45	7.70	27.10
1306898036	0702	070225	1 81003		33.60	2.47	0.00	0.00	CO-45	31.13	2.47
1306898036	0702	070225	1 36415		20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1306898036	0702	070225	1 99406		27.06	20.94	0.00	0.00	CO-45	6.12	20.94
1306898036	0702	070225	2 96127	XU	80.00	0.00	0.00	0.00	CO-97	80.00	0.00
REM: N19											
1306898036	0702	070225	1 G8510		0.00	0.00	0.00	0.00			0.00
1306898036	0702	070225	1 3075F		0.00	0.00	0.00	0.00			0.00
1306898036	0702	070225	1 3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0702	070225	1 G9622		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		522.46	238.21	0.00	0.00		284.25	238.21
ADJ TO TOTAL: PREV PD			INTEREST		0.00	LATE FILING CHARGE		0.00	NET	238.21	
STATUS CODE 1: Processed as Primary											

NAME KUIPER, KAYLA			HIC 94991184202	ACNT 7485LMD642	ICN 455532041600		ASG Y	MOA		
1306898036	0716	071625	1 99213	146.00	108.22	0.00	0.00	CO-45	37.78	98.22
								PR-3	10.00	
1306898036	0716	071625	1 G8420	0.00	0.00	0.00	0.00			0.00
1306898036	0716	071625	1 3074F	0.00	0.00	0.00	0.00			0.00
1306898036	0716	071625	1 3078F	0.00	0.00	0.00	0.00			0.00
1306898036	0716	071625	1 3008F	0.00	0.00	0.00	0.00			0.00
1306898036	0716	071625	1 2001F	0.00	0.00	0.00	0.00			0.00
1306898036	0716	071625	1 2000F	0.00	0.00	0.00	0.00			0.00
1306898036	0716	071625	1 1000F	0.00	0.00	0.00	0.00			0.00
1306898036	0716	071625	1 1159F	0.00	0.00	0.00	0.00			0.00
1306898036	0716	071625	1 1160F	0.00	0.00	0.00	0.00			0.00
PT RESP	10.00		CLAIM TOTALS	146.00	108.22	0.00	0.00		47.78	98.22
ADJ TO TOTAL: PREV PD			INTEREST	0.00	LATE FILING CHARGE		0.00	NET		98.22
PLAN TYPE: COREWELL HLTH WMI NTWK										
STATUS CODE 1: Processed as Primary										



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25201B1000089436

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 2 of 5

REMITTANCE
ADVISE
DATE: 2025-07-24

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME PILCZUK, ZACHARY			HIC 94791455300	ACNT	7502LMD642	ICN 455612363800			ASG Y	MOA	
1306898036	0718	071825	1 99396	25		327.00	172.48	0.00	0.00	CO-45	172.48
1306898036	0718	071825	1 99408			61.00	48.52	0.00	0.00	CO-45	48.52
1306898036	0718	071825	2 96127	XU		80.00	18.85	0.00	0.00	CO-45	18.85
1306898036	0718	071825	1 G0136	33		34.80	27.10	0.00	0.00	CO-45	27.10
1306898036	0718	071825	1 G2211			25.00	0.00	0.00	0.00	CO-97	0.00
1306898036	0718	071825	1 36415			20.00	0.00	0.00	0.00	CO-16	0.00
REM: MA63											
1306898036	0718	071825	1 G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0718	071825	1 G8476			0.00	0.00	0.00	0.00		0.00
1306898036	0718	071825	1 G8417			0.00	0.00	0.00	0.00		0.00
1306898036	0718	071825	1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0718	071825	1 G8427			0.00	0.00	0.00	0.00		0.00
1306898036	0718	071825	1 1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0718	071825	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0718	071825	1 3079F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM	TOTALS		547.80	266.95	0.00	0.00		
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 266.95
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 1: Processed as Primary											

NAME PRESTON, FRANCES			HIC 94930896700	ACNT 7493LMD642	ICN 455532043700			ASG Y	MOA	
1306898036	0716	071625	1 99213 25	146.00	108.22	0.00	21.64	CO-45	37.78	86.58
1306898036	0716	071625	1 81001	43.05	3.53	0.00	0.71	CO-45	39.52	2.82
1306898036	0716	071625	1 G2211	25.00	0.00	0.00	0.00	CO-97	25.00	0.00
1306898036	0716	071625	1 G0447 XU	65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1306898036	0716	071625	1 99401 25	65.00	54.70	0.00	0.00	CO-45	10.30	54.70
1306898036	0716	071625	1 3075F	0.00	0.00	0.00	0.00			0.00
1306898036	0716	071625	1 3078F	0.00	0.00	0.00	0.00			0.00
1306898036	0716	071625	1 1036F	0.00	0.00	0.00	0.00			0.00
1306898036	0716	071625	1 3008F	0.00	0.00	0.00	0.00			0.00
1306898036	0716	071625	1 2001F	0.00	0.00	0.00	0.00			0.00
1306898036	0716	071625	1 2000F	0.00	0.00	0.00	0.00			0.00
1306898036	0716	071625	1 1000F	0.00	0.00	0.00	0.00			0.00
1306898036	0716	071625	1 1159F	0.00	0.00	0.00	0.00			0.00
1306898036	0716	071625	1 1160F	0.00	0.00	0.00	0.00			0.00
PT RESP	22.35		CLAIM TOTALS	344.05	197.71	0.00	22.35		146.34	175.36
ADJ TO TOTAL: PREV PD			INTEREST	0.00	LATE FILING	CHARGE	0.00	NET	175.36	
STATUS CODE 1: Processed as Primary										

NAME SCHUTTER, SHARI			HIC 94735308401	ACNT 7459LMD642	ICN 455497538400			ASG Y	MOA	
1306898036	0715	071525	1 99396 25	327.00	172.48	0.00	0.00	CO-45	154.52	172.48
1306898036	0715	071525	1 G0136 33	65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1306898036	0715	071525	2 96127 XU	80.00	18.85	0.00	0.00	CO-45	61.15	18.85
1306898036	0715	071525	1 36415	20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1306898036	0715	071525	1 G8510	0.00	0.00	0.00	0.00			0.00
1306898036	0715	071525	1 G8420	0.00	0.00	0.00	0.00			0.00
1306898036	0715	071525	1 3074F	0.00	0.00	0.00	0.00			0.00
1306898036	0715	071525	1 3078F	0.00	0.00	0.00	0.00			0.00
1306898036	0715	071525	1 G9622	0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS	492.00	233.65	0.00	0.00		258.35	233.65
ADJ TO TOTAL: PREV PD			INTEREST	0.00	LATE FILING CHARGE	0.00			NET	233.65
STATUS CODE 1: Processed as Primary										

NAME BLOOMER, LORI		HIC 94903770700	ACNT 7508LMD642	ICN 455612366200		ASG Y	MOA	
1013940584	0106 010625	1 36415	15.00	15.00	0.00 0.00			15.00
PT RESP	0.00	CLAIM TOTALS	15.00	15.00	0.00 0.00		0.00	15.00
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE FILING CHARGE		0.00	NET	15.00
PLAN TYPE: COREWELL HLTH WMI NTWK								
STATUS CODE 1: Processed as Primary								



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25201B1000089436TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 3 of 5REMITTANCE
ADVICE
DATE: 2025-07-24

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DEWEERD, RONALD			HIC 94912016400		ACNT 6269LMD642		ICN 445625142400		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	33		-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 22: Reversal of Previous Payment												

NAME DEWEERD, RONALD			HIC 94912016400		ACNT 6269LMD642		ICN 447563203000		ASG Y	MOA		
1013940584	0508	050825	1	99214	25		219.00	152.63	0.00	45.79	CO-45	66.37 106.84
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	33		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	45.79				CLAIM TOTALS		349.00	238.59	0.00	45.79		110.41 192.80
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 192.80
PLAN TYPE: WEST MI PARTNERS												
STATUS CODE 1: Processed as Primary												

NAME JAGER, EVAN			HIC 94935034500		ACNT 7422LMD642		ICN 455313001700		ASG Y	MOA		
1013940584	0714	071425	1	99214	25		219.00	152.63	152.63	0.00	CO-45	66.37 0.00
1013940584	0714	071425	1	83036	QW		60.90	10.23	0.00	0.00	CO-45	50.67 10.23
1013940584	0714	071425	1	0513F			0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425	1	3044F			0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425	1	3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	152.63				CLAIM TOTALS		279.90	162.86	152.63	0.00		117.04 10.23
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 10.23
STATUS CODE 1: Processed as Primary												

NAME OOSTERHOUSE, JONATHAN			HIC 94920941000		ACNT 7423LMD642		ICN 455416097600		ASG Y	MOA		
1013940584	0714	071425	1	99495			318.00	295.38	0.00	0.00	CO-45	22.62 255.38
											PR-3	40.00
1013940584	0714	071425	1	G8476			0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425	1	G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425	1	G8427			0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	40.00				CLAIM TOTALS		318.00	295.38	0.00	0.00		62.62 255.38
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 255.38
PLAN TYPE: WEST MI PARTNERS												
STATUS CODE 1: Processed as Primary												

NAME PARSONS, MARJORIE			HIC 94710466200		ACNT 7415LMD642		ICN 455313000200		ASG Y	MOA		
1013940584	0204	020425	1	36415			20.00	15.09	0.00	0.00	CO-45	4.91 15.09
PT RESP	0.00				CLAIM TOTALS		20.00	15.09	0.00	0.00		4.91 15.09
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 15.09
PLAN TYPE: COREWELL HEALTH EMP GRP												
STATUS CODE 1: Processed as Primary												



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25201B1000089436

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 4 of 5

REMITTANCE
ADVICE
DATE: 2025-07-24

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SCHIERBEEK, MARCIA			HIC	94944236000	ACNT	7410LMD642		ICN	455416096900	ASG Y	MOA
1013940584	0711	071125	1	99214 25		219.00	143.99	0.00	0.00	CO-45 PR-3	75.01 25.00
1013940584	0711	071125	1	G8476		0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	1	73660		69.30	0.00	0.00	0.00	CO-4	69.30
1013940584	0711	071125	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	25.00			CLAIM TOTALS		288.30	143.99	0.00	0.00		169.31
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 118.99
STATUS CODE 1: Processed as Primary											

NAME VANFLEET, PETER			HIC	94997671900	ACNT	7420LMD642		ICN	455313000800	ASG Y	MOA
1013940584	0714	071425	1	99214 25		241.68	152.63	0.00	0.00	CO-45 PR-3	89.05 50.00
1013940584	0714	071425	1	83036 QW		60.90	10.23	0.00	0.00	CO-45	50.67
1013940584	0714	071425	1	G0447 XU		65.00	31.26	0.00	0.00	CO-45	33.74
1013940584	0714	071425	1	G0446 XU		61.88	31.26	0.00	0.00	CO-45	30.62
1013940584	0714	071425	1	0513F		0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0714	071425	1	3052F		0.00	0.00	0.00	0.00		0.00
PT RESP	50.00			CLAIM TOTALS		429.46	225.38	0.00	0.00		254.08
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 175.38
PLAN TYPE: MY PRIORITY HMO											
STATUS CODE 1: Processed as Primary											

NAME WYCHERS, DALE			HIC	94890348800	ACNT	7389LMD642		ICN	455416095900	ASG Y	MOA
1013940584	0710	071025	1	99214		219.00	152.63	0.00	0.00	CO-45 PR-3	66.37 35.00
1013940584	0710	071025	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	1	G8476		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	1	G8427		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	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
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 117.63
STATUS CODE 1: Processed as Primary											

NAME HOLWERDA, NATHAN			HIC	94790075003	ACNT	7453LMD642		ICN	455497540800	ASG Y	MOA
1306898036	0715	071525	1	99395 25		297.00	162.24	0.00	0.00	CO-45	134.76
1306898036	0715	071525	1	G0136 33		65.00	27.10	0.00	0.00	CO-45	37.90
1306898036	0715	071525	2	96127 XU		80.00	18.85	0.00	0.00	CO-45	61.15
1306898036	0715	071525	1	36415		20.00	15.22	0.00	0.00	CO-45	4.78
1306898036	0715	071525	1	G8420		0.00	0.00	0.00	0.00		0.00
1306898036	0715	071525	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0715	071525	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0715	071525	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0715	071525	1	1036F		0.00	0.00	0.00	0.00		0.00
1306898036	0715	071525	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		462.00	223.41	0.00	0.00		238.59
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 223.41
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	4710.97	2680.80	152.63	68.14	2190.17	2300.03	0.00	2300.03

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-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.

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



PRIORITY HEALTH

REMITTANCE

NPI #:	1982923660	TIMOTHY J TOBOLIC MD PLLC [900068405]	ADVANCE
EFT #:	25201B1000089436	PAGE #: 5 of 5	DATE: 2025-07-24
MA63	Missing / incomplete / invalid principal diagnosis.		
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.		
N19	Procedure code incidental to primary procedure.		
N769	A lateral diagnosis is required.		
PR-1	Deductible Amount		
PR-2	Coinsurance Amount		
PR-3	Co-payment Amount		

