

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: 2025-07-24  
 EFT #: 25180B1000373504  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HONDERD, KURT			HIC	94976602400	ACNT	7098LMD642	ICN 454214240300		ASG Y MOA			
1013940584	0620	062025	1	99213	25		146.00	108.22	0.00	0.00	CO-45	88.22
											PR-3	20.00
1013940584	0620	062025	1	17110			166.10	0.00	0.00	0.00	PR-96	0.00
						REM: N569						
1013940584	0620	062025	1	G0447	XU		65.00	31.26	0.00	0.00	CO-45	31.26
1013940584	0620	062025	1	99401	25		65.00	54.70	0.00	0.00	CO-45	54.70
1013940584	0620	062025	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0620	062025	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0620	062025	1	G8476			0.00	0.00	0.00	0.00		0.00
1013940584	0620	062025	1	G8427			0.00	0.00	0.00	0.00		0.00
1013940584	0620	062025	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0620	062025	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0620	062025	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0620	062025	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0620	062025	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0620	062025	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	186.10				CLAIM TOTALS		442.10	194.18	0.00	0.00		174.18
ADJ TO TOTAL: PREV PD					INTEREST		0.00				267.92	174.18
STATUS CODE 1: Processed as Primary											0.00	NET

NAME KOTMAN, EVERETT			HIC	94976597902	ACNT	7155LMD642	ICN 454276982100		ASG Y MOA			
1013940584	0625	062525	1	99393	25		270.00	145.05	0.00	0.00	CO-45	145.05
1013940584	0625	062525	1	99401	25		65.00	0.00	0.00	0.00	CO-9	0.00
1013940584	0625	062525	1	G0447	XU		65.00	0.00	0.00	0.00	CO-9	0.00
1013940584	0625	062525	1	G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0625	062525	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0625	062525	1	3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		400.00	145.05	0.00	0.00		145.05
ADJ TO TOTAL: PREV PD					INTEREST		0.00				254.95	145.05
STATUS CODE 1: Processed as Primary											0.00	NET

NAME KOTMAN, LYNDON			HIC	94976597904	ACNT	7154LMD642	ICN 454276981800		ASG Y MOA			
1013940584	0625	062525	1	99393	25		270.00	145.05	0.00	0.00	CO-45	145.05
1013940584	0625	062525	1	99401	25		0.00	0.00	0.00	0.00		0.00
1013940584	0625	062525	1	G0447	XU		0.00	0.00	0.00	0.00		0.00
1013940584	0625	062525	1	G0136	33		65.00	27.10	0.00	0.00	CO-45	27.10
1013940584	0625	062525	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0625	062525	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0625	062525	1	1036F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		335.00	172.15	0.00	0.00		172.15
ADJ TO TOTAL: PREV PD					INTEREST		0.00				162.85	172.15
STATUS CODE 1: Processed as Primary											0.00	NET

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	1177.10	511.38	0.00	0.00	685.72	491.38	0.00	491.38

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
 CO-9 The diagnosis is inconsistent with the patient's age.  
 N569 Not covered when performed for the reported diagnosis.  
 PR-3 Co-payment Amount  
 PR-96 Non-covered charge(s).

