

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: 2025-03-06  
 EFT #: 25061B1000356815  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MCCAMBRIDGE, KIMBERLY			HIC 94884025200	ACNT	4976LMD642	ICN 435437911300			ASG Y	MOA	
1306898036	0225	022525	1	99396		327.00	162.87	0.00	0.00	CO-45	164.13 162.87
1306898036	0225	022525	1	36415		20.00	15.09	0.00	0.00	CO-45	4.91 15.09
1306898036	0225	022525	1	G0442 XU		30.00	0.00	0.00	0.00	CO-16	30.00 0.00
REM: M51											
1306898036	0225	022525	1	G0444 33		29.45	0.00	0.00	0.00	CO-16	29.45 0.00
REM: M51											
1306898036	0225	022525	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0225	022525	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0225	022525	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0225	022525	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		406.45	177.96	0.00	0.00		228.49 177.96
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 177.96
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		
	1	406.45	177.96	0.00	0.00	228.49	177.96	0.00	177.96		

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.  
 M51 Missing / incomplete / invalid procedure code(s).

