

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: 2025-05-01
 EFT #: 25110B1000381051
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VANDERMOLLEN, ALVIN			HIC 94909687301	ACNT	5881LMD642			ICN 444135380100	ASG Y	MOA	
1306898036	0415	041525	1	36415		20.00	15.22	0.00	0.00	CO-45	15.22
PT RESP			0.00	CLAIM TOTALS		20.00	15.22	0.00	0.00		15.22
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE	0.00	NET	15.22
STATUS CODE 1: Processed as Primary											

NAME	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VANDERMOLLEN, ALVIN			HIC 94909687301	ACNT	5886LMD642			ICN 444173027700	ASG Y	MOA	
1306898036	0416	041625	1	99397	25	341.00	185.49	0.00	0.00	CO-45	185.49
1306898036	0416	041625	1	G0136	33	34.80	27.10	0.00	0.00	CO-45	27.10
1306898036	0416	041625	1	82043	QW	14.70	6.00	6.00	0.00	CO-45	0.00
1306898036	0416	041625	1	82570	QW	17.85	5.65	5.65	0.00	CO-45	0.00
1306898036	0416	041625	1	96127	XU	40.00	9.42	0.00	0.00	CO-45	9.42
1306898036	0416	041625	1	96160	XU	5.30	5.30	0.00	0.00		5.30
1306898036	0416	041625	1	G0446	XU	30.00	30.00	0.00	0.00		30.00
1306898036	0416	041625	1	36415		20.00	15.22	0.00	0.00	CO-45	15.22
1306898036	0416	041625	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0416	041625	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0416	041625	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0416	041625	1	1160F		0.00	0.00	0.00	0.00		0.00
1306898036	0416	041625	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0416	041625	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0416	041625	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0416	041625	1	3008F		0.00	0.00	0.00	0.00		0.00
PT RESP			11.65	CLAIM TOTALS		503.65	284.18	11.65	0.00		272.53
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE	0.00	NET	272.53
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	523.65	299.40	11.65	0.00	224.25	287.75	0.00	287.75

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 PR-1 Deductible Amount

