

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: 2025-03-20  
EFT #: 25075B1000094523  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BALDUS, DANIEL			HIC 94825117500	ACNT	5153LMD642	ICN 435982648800			ASG Y	MOA	
1306898036	0307	030725	1 99396	25	327.00	171.02	0.00	0.00	CO-45	155.98	171.02
1306898036	0307	030725	1 96127	XU	40.00	9.34	0.00	0.00	CO-45	30.66	9.34
1306898036	0307	030725	1 96127	XU	40.00	9.34	0.00	0.00	CO-45	30.66	9.34
1306898036	0307	030725	1 81001		43.05	3.50	0.00	0.70	CO-45	39.55	2.80
1306898036	0307	030725	1 36415		20.00	15.09	0.00	0.00	CO-45	4.91	15.09
1306898036	0307	030725	1 3077F		0.00	0.00	0.00	0.00			0.00
1306898036	0307	030725	1 3079F		0.00	0.00	0.00	0.00			0.00
1306898036	0307	030725	1 G8510		0.00	0.00	0.00	0.00			0.00
1306898036	0307	030725	1 G9622		0.00	0.00	0.00	0.00			0.00
PT RESP	0.70		CLAIM TOTALS			470.05	208.29	0.00	0.70	261.76	207.59
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING	CHARGE	0.00	NET	207.59
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 1: Processed as Primary											

NAME CHASE, DAVID			HIC 94998908400	ACNT 5173LMD642	ICN 436081881000		ASG Y	MOA		
1306898036	0310	031025	1 99396	327.00	171.02	0.00	0.00	CO-45	155.98	171.02
1306898036	0310	031025	1 36415	20.00	15.09	0.00	0.00	CO-45	4.91	15.09
1306898036	0310	031025	1 3074F	0.00	0.00	0.00	0.00			0.00
1306898036	0310	031025	1 3078F	0.00	0.00	0.00	0.00			0.00
1306898036	0310	031025	1 3008F	0.00	0.00	0.00	0.00			0.00
1306898036	0310	031025	1 2001F	0.00	0.00	0.00	0.00			0.00
1306898036	0310	031025	1 2000F	0.00	0.00	0.00	0.00			0.00
1306898036	0310	031025	1 1000F	0.00	0.00	0.00	0.00			0.00
1306898036	0310	031025	1 1159F	0.00	0.00	0.00	0.00			0.00
1306898036	0310	031025	1 1160F	0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS	347.00	186.11	0.00	0.00		160.89	186.11
ADJ TO TOTAL: PREV PD			INTEREST	0.00	LATE FILING CHARGE		0.00	NET	186.11	
STATUS CODE 1: Processed as Primary										

NAME CHASE, TAMI			HIC 94998908401	ACNT	5230LMD642		ICN 436174610700		ASG Y	MOA	
1306898036	0312	031225	1 99396	25	327.00	171.02	0.00	0.00	CO-45	155.98	171.02
1306898036	0312	031225	1 99401		40.00	0.00	0.00	0.00	CO-97	40.00	0.00
REM: N119											
1306898036	0312	031225	1 G0136	33	34.80	26.87	0.00	0.00	CO-45	7.93	26.87
1306898036	0312	031225	1 G0442	XU	30.00	0.00	0.00	0.00	CO-16	30.00	0.00
REM: M51											
1306898036	0312	031225	1 G0444	33	29.45	0.00	0.00	0.00	CO-16	29.45	0.00
REM: M51											
1306898036	0312	031225	1 3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	1 3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	1 G8510		0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	1 G9621		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS		461.25	197.89	0.00	0.00		263.36	197.89
ADJ TO TOTAL: PREV PD			INTEREST		0.00	LATE FILING CHARGE		0.00	NET	197.89	
STATUS CODE 1: Processed as Primary											

NAME TORNGA, MARIA			HIC 94791455302		ACNT 5231LMD642		ICN 436174611000		ASG Y	MOA	
INSURED NAME: PILCZUK, MARIA											
1306898036	0312	031225	1	99213 25	146.00	107.30	107.30	0.00	CO-45	38.70	0.00
1306898036	0312	031225	1	G0447	15.00	0.00	0.00	0.00	CO-97	15.00	0.00
REM: N19											
1306898036	0312	031225	1	99401 25	40.00	40.00	0.00	0.00			40.00
1306898036	0312	031225	1	G0444 33	29.45	0.00	0.00	0.00	CO-16	29.45	0.00
REM: M51											
1306898036	0312	031225	1	3074F	0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	1	3078F	0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	1	G8510	0.00	0.00	0.00	0.00			0.00
PT RESP	107.30	CLAIM TOTALS			230.45	147.30	107.30	0.00		83.15	40.00
ADJ TO TOTAL: PREV PD				INTEREST	0.00	LATE FILING CHARGE			0.00	NET	40.00
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 1: Processed as Primary											



## PRIORITY HEALTH

NPI #: 1982923660  
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TIMOTHY J TOBOLIC MD PLLC [900068405]  
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REMITTANCE  
ADVICE  
DATE: 2025-03-20

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME STURM, RUSSELL			HIC	94810783700	ACNT	5234LMD642	ICN 436174611500		ASG Y	MOA		
1306898036	0312	031225	1	99214	25		219.00	151.33	0.00	0.00	CO-45	151.33
1306898036	0312	031225	1	99401			40.00	40.00	0.00	0.00		40.00
1306898036	0312	031225	1	36415			20.00	15.09	0.00	0.00	CO-45	15.09
1306898036	0312	031225	1	G0447			15.00	0.00	0.00	0.00	CO-97	0.00
REM: N19												
1306898036	0312	031225	1	3077F			0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	1	3079F			0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00					CLAIM TOTALS	294.00	206.42	0.00	0.00		206.42
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE	0.00	NET	206.42
STATUS CODE 1: Processed as Primary												

NAME BARNES, SCOTT			HIC	94867903900	ACNT	5240LMD642	ICN 436174612700		ASG Y	MOA		
1013940584	0313	031325	1	99213	25		146.00	107.30	0.00	0.00	CO-45	77.30
											PR-3	30.00
1013940584	0313	031325	1	82043	QW		14.70	5.95	0.00	0.00	CO-45	5.95
1013940584	0313	031325	1	82570	QW		17.85	5.60	0.00	0.00	CO-45	5.60
1013940584	0313	031325	1	3061F			0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	1	3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	30.00					CLAIM TOTALS	178.55	118.85	0.00	0.00		88.85
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE	0.00	NET	88.85
STATUS CODE 1: Processed as Primary												

NAME BRINK, CURTIS			HIC	94723987200	ACNT	4399LMD642	ICN 434665048900		ASG Y	MOA		
1013940584	0122	012225	1	36415			20.00	15.09	0.00	0.00	CO-45	15.09
PT RESP	0.00					CLAIM TOTALS	20.00	15.09	0.00	0.00		15.09
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE	0.00	NET	15.09
STATUS CODE 1: Processed as Primary												

NAME CALEY, LYNNE			HIC	94889563801	ACNT	4485LMD642	ICN 434234953300		ASG Y	MOA		
1013940584	0129	012925	-1	G0439			-361.00	0.00	0.00	0.00	CO-16	0.00
REM: M51												
1013940584	0129	012925	-1	G2211			-25.00	0.00	0.00	0.00	CO-97	0.00
1013940584	0129	012925	-1	G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	1158F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	-1	2000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00					CLAIM TOTALS	-386.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE	0.00	NET	0.00
PLAN TYPE: COREWELL HEALTH EMP GRP												
STATUS CODE 22: Reversal of Previous Payment												

NAME CALEY, LYNNE			HIC	94889563801	ACNT	4484LMD642	ICN 434676757400		ASG Y	MOA		
1013940584	0120	012025	1	36415			20.00	15.09	0.00	0.00	CO-45	15.09
PT RESP	0.00					CLAIM TOTALS	20.00	15.09	0.00	0.00		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												



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NPI #: 1982923660  
EFT #: 25075B1000094523TIMOTHY J TOBOLIC MD PLLC [900068405]  
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ADVICE  
DATE: 2025-03-20

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CALEY, LYNNE			HIC 94889563801	ACNT 4485LMD642		ICN 434676757500	ASG Y	MOA			
1013940584	0129	012925	1 G0439			361.00	0.00	0.00	0.00	CO-16	361.00 0.00
			REM: M51								
1013940584	0129	012925	1 99213 25			171.26	107.30	0.00	0.00	CO-45	63.96 72.30
			PR-3								35.00
1013940584	0129	012925	1 G0444 XU			29.45	0.00	0.00	0.00	CO-16	29.45 0.00
			REM: M51								
1013940584	0129	012925	1 G0442 XU			30.00	0.00	0.00	0.00	CO-16	30.00 0.00
			REM: M51								
1013940584	0129	012925	1 G2211			25.00	0.00	0.00	0.00	CO-97	25.00 0.00
1013940584	0129	012925	1 G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1 1158F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1 1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1 G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0129	012925	1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	35.00		CLAIM TOTALS			616.71	107.30	0.00	0.00		544.41 72.30
ADJ TO TOTAL: PREV PD			INTEREST			0.00					
PLAN TYPE: COREWELL HEALTH EMP GRP							LATE FILING CHARGE		0.00	NET	72.30
STATUS CODE 1: Processed as Primary											

NAME HEMPHILL, ERIKA			HIC 94915596700	ACNT 5248LMD642		ICN 436213227100	ASG Y	MOA			
1013940584	0313	031325	1 99213			146.00	107.30	0.00	21.46	CO-45	38.70 85.84
1013940584	0313	031325	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	21.46		CLAIM TOTALS			146.00	107.30	0.00	21.46		38.70 85.84
ADJ TO TOTAL: PREV PD			INTEREST			0.00					
PLAN TYPE: WEST MI PARTNERS							LATE FILING CHARGE		0.00	NET	85.84
STATUS CODE 1: Processed as Primary											

NAME KAREL, DAVID			HIC 94727711900	ACNT 5239LMD642		ICN 436174612100	ASG Y	MOA			
1013940584	0313	031325	1 99396			327.00	171.02	0.00	0.00	CO-45	155.98 171.02
1013940584	0313	031325	1 G0136 33			34.80	26.87	0.00	0.00	CO-45	7.93 26.87
1013940584	0313	031325	1 G0442 XU			30.00	0.00	0.00	0.00	CO-16	30.00 0.00
			REM: M51								
1013940584	0313	031325	1 G0444 33			29.45	0.00	0.00	0.00	CO-16	29.45 0.00
			REM: M51								
1013940584	0313	031325	1 36415			20.00	15.09	0.00	0.00	CO-45	4.91 15.09
1013940584	0313	031325	1 0513F			0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	1 G9621			0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	1 G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	1 3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0313	031325	1 3079F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			441.25	212.98	0.00	0.00		228.27 212.98
ADJ TO TOTAL: PREV PD			INTEREST			0.00					
PLAN TYPE: WEST MI PARTNERS							LATE FILING CHARGE		0.00	NET	212.98
STATUS CODE 1: Processed as Primary											

NAME KEENA, SCOTT			HIC 94805361300	ACNT 5212LMD642		ICN 436135092400	ASG Y	MOA			
1013940584	0128	012825	1 99215			295.00	213.04	0.00	0.00	CO-45	81.96 193.04
			PR-3								20.00
1013940584	0128	012825	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0128	012825	1 3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0128	012825	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0128	012825	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0128	012825	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0128	012825	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0128	012825	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0128	012825	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	20.00		CLAIM TOTALS			295.00	213.04	0.00	0.00		101.96 193.04
ADJ TO TOTAL: PREV PD			INTEREST			0.00					
PLAN TYPE: WEST MI PARTNERS							LATE FILING CHARGE		0.00	NET	193.04
STATUS CODE 1: Processed as Primary											



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DATE: 2025-03-20

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD	
NAME LEATHERMAN, WILLIAM				HIC	94834392800	ACNT	5245LMD642	ICN 436213226100				ASG Y	MOA		
1013940584	0304	030425		1	99215	25		295.00	213.04	0.00	0.00	CO-45	81.96	203.04	
												PR-3	10.00		
1013940584	0304	030425		1	71046			68.20	54.48	0.00	5.45	CO-45	13.72	49.03	
1013940584	0304	030425		1	36415			20.00	15.09	0.00	0.00	CO-45	4.91	15.09	
1013940584	0304	030425		1	3008F			0.00	0.00	0.00	0.00			0.00	
1013940584	0304	030425		1	2001F			0.00	0.00	0.00	0.00			0.00	
1013940584	0304	030425		1	2000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0304	030425		1	1000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0304	030425		1	1159F			0.00	0.00	0.00	0.00			0.00	
1013940584	0304	030425		1	1160F			0.00	0.00	0.00	0.00			0.00	
PT RESP 15.45				CLAIM TOTALS				383.20	282.61	0.00	5.45		110.59	267.16	
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE				0.00	NET	267.16
PLAN TYPE: COREWELL HLTH WMI NTWK															
STATUS CODE 1: Processed as Primary															

NAME LEATHERMAN, WILLIAM				HIC	94834392800	ACNT	5247LMD642	ICN 436213226200				ASG Y	MOA		
1013940584	0313	031325		1	99214	25		219.00	151.33	0.00	0.00	CO-45	67.67	141.33	
												PR-3	10.00		
1013940584	0313	031325		1	99408			61.00	0.00	0.00	0.00	CO-97	61.00	0.00	
				REM: N19											
1013940584	0313	031325		1	3077F			0.00	0.00	0.00	0.00			0.00	
1013940584	0313	031325		1	3078F			0.00	0.00	0.00	0.00			0.00	
1013940584	0313	031325		1	3008F			0.00	0.00	0.00	0.00			0.00	
1013940584	0313	031325		1	2001F			0.00	0.00	0.00	0.00			0.00	
1013940584	0313	031325		1	2000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0313	031325		1	1000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0313	031325		1	1159F			0.00	0.00	0.00	0.00			0.00	
1013940584	0313	031325		1	1160F			0.00	0.00	0.00	0.00			0.00	
PT RESP 10.00				CLAIM TOTALS				280.00	151.33	0.00	0.00		138.67	141.33	
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE				0.00	NET	141.33
PLAN TYPE: COREWELL HLTH WMI NTWK															
STATUS CODE 1: Processed as Primary															

NAME PUNCHES, BRIAN				HIC	94997884201	ACNT	4014LMD642	ICN 436213224000				ASG Y	MOA		
1013940584	0108	010825		1	99214	25		219.00	151.33	151.33	0.00	CO-45	67.67	0.00	
1013940584	0108	010825		1	36415			15.00	15.00	0.00	0.00			15.00	
1013940584	0108	010825		1	3075F			0.00	0.00	0.00	0.00			0.00	
1013940584	0108	010825		1	3079F			0.00	0.00	0.00	0.00			0.00	
1013940584	0108	010825		1	1036F			0.00	0.00	0.00	0.00			0.00	
1013940584	0108	010825		1	1160F			0.00	0.00	0.00	0.00			0.00	
1013940584	0108	010825		1	1159F			0.00	0.00	0.00	0.00			0.00	
1013940584	0108	010825		1	1000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0108	010825		1	3008F			0.00	0.00	0.00	0.00			0.00	
1013940584	0108	010825		1	2000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0108	010825		1	2001F			0.00	0.00	0.00	0.00			0.00	
PT RESP 151.33				CLAIM TOTALS				234.00	166.33	151.33	0.00		67.67	15.00	
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE				0.00	NET	15.00
PLAN TYPE: MY PRIORITY HMO															
STATUS CODE 1: Processed as Primary															

NAME TROMP, GAYLE				HIC	94950315800	ACNT	5191LMD642	ICN 436081883100				ASG Y	MOA		
1013940584	0307	030725		1	99213	25		146.00	107.30	0.00	0.00	CO-45	38.70	72.30	
												PR-3	35.00		
1013940584	0307	030725		1	G0444	33		29.45	0.00	0.00	0.00	CO-16	29.45	0.00	
				REM: M51											
1013940584	0307	030725		1	G8510			0.00	0.00	0.00	0.00			0.00	
1013940584	0307	030725		1	3075F			0.00	0.00	0.00	0.00			0.00	
1013940584	0307	030725		1	3078F			0.00	0.00	0.00	0.00			0.00	
1013940584	0307	030725		1	G8427			0.00	0.00	0.00	0.00			0.00	
1013940584	0307	030725		1	G8420			0.00	0.00	0.00	0.00			0.00	
1013940584	0307	030725		1	3008F			0.00	0.00	0.00	0.00			0.00	
1013940584	0307	030725		1	2001F			0.00	0.00	0.00	0.00			0.00	
1013940584	0307	030725		1	2000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0307	030725		1	1000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0307	030725		1	1159F			0.00	0.00	0.00	0.00			0.00	
1013940584	0307	030725		1	1160F			0.00	0.00	0.00	0.00			0.00	
PT RESP 35.00				CLAIM TOTALS				175.45	107.30	0.00	0.00		103.15	72.30	
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE				0.00	NET	72.30
PLAN TYPE: COREWELL HLTH WMI NTWK															
STATUS CODE 1: Processed as Primary															



## PRIORITY HEALTH

NPI #: 1982923660  
EFT #: 25075B1000094523

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

REMITTANCE  
ADVICE  
DATE: 2025-03-20

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ZANDSTRA, BRIAN			HIC	94720739300	ACNT	5210LMD642	ICN 436135094000			ASG Y	MOA
1013940584	0311	031125	1	99396		327.00	171.02	0.00	0.00	CO-45	171.02
1013940584	0311	031125	1	99214	25	219.00	151.33	0.00	0.00	CO-45	131.33
										PR-3	20.00
1013940584	0311	031125	1	G0442	XU	30.00	0.00	0.00	0.00	CO-16	0.00
					REM: M51						
1013940584	0311	031125	1	G0444	33	29.45	0.00	0.00	0.00	CO-16	0.00
					REM: M51						
1013940584	0311	031125	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0311	031125	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0311	031125	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0311	031125	1	G9622		0.00	0.00	0.00	0.00		0.00
PT RESP	20.00			CLAIM TOTALS		605.45	322.35	0.00	0.00		302.35
ADJ TO TOTAL: PREV PD				INTEREST		0.00					
STATUS CODE 1: Processed as Primary										0.00	302.35
										NET	

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	18	4812.36	2765.58	258.63	27.61	2206.78	2319.34	0.00	2319.34

## 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

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

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.

PR-1 Deductible Amount

PR-2 Coinsurance Amount

PR-3 Co-payment Amount

