

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 6  
DATE: 2025-03-13  
EFT #: 25068B1000097171  
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ADAMCZYK, ALICIA		HIC 94981205301		ACNT	5054LMD642		ICN 435769267900	ASG Y	MOA	
1306898036	0227 022725	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										

NAME FLIER, JOEL		HIC 94840278700		ACNT	5050LMD642		ICN 435769267300	ASG Y	MOA	
1306898036	0228 022825	1 99213	25		146.00	107.30	0.00	0.00	CO-45	77.30
									PR-3	30.00
1306898036	0228 022825	1 36415			20.00	0.00	0.00	0.00	CO-16	0.00
REM: M76										
1306898036	0228 022825	1 82043	QW		14.70	5.95	0.00	0.00	CO-45	5.95
1306898036	0228 022825	1 82570	QW		17.85	5.60	0.00	0.00	CO-45	5.60
1306898036	0228 022825	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 3079F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 3060F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0228 022825	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	30.00	CLAIM TOTALS			198.55	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 LOUGHRAN, DANIEL		HIC 94988925201		ACNT	5069LMD642		ICN 435769265700	ASG Y	MOA	
1306898036	0303 030325	1 99213			146.00	107.30	107.30	0.00	CO-45	0.00
1306898036	0303 030325	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0303 030325	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0303 030325	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0303 030325	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0303 030325	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0303 030325	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0303 030325	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0303 030325	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	107.30	CLAIM TOTALS			146.00	107.30	107.30	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 1: Processed as Primary										



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NPI #: 1982923660  
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TIMOTHY J TOBOLIC MD PLLC [900068405]  
PAGE #: 2 of 6

REMITTANCE  
ADVISE  
DATE: 2025-03-13

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MAHNER, COLLEEN			HIC	94985479000	ACNT	1177LMD642			ICN 426345357900	ASG Y	MOA	
1306898036	0717	071724	-1	99213	25		-176.20	-98.03	0.00	0.00	CO-45	-53.03
											PR-3	-45.00
1306898036	0717	071724	-1	G0439			-276.42	0.00	0.00	0.00	CO-16	-276.42
						REM: M51						0.00
1306898036	0717	071724	-1	99395			-297.00	-158.40	0.00	0.00	CO-45	-158.40
1306898036	0717	071724	-1	99408	33		-61.00	0.00	0.00	0.00	CO-97	-61.00
						REM: N19						0.00
1306898036	0717	071724	-1	G0444	XU		-29.45	0.00	0.00	0.00	CO-16	-29.45
						REM: M51						0.00
1306898036	0717	071724	-1	G0442	XU		-30.00	0.00	0.00	0.00	CO-16	-30.00
						REM: M51						0.00
1306898036	0717	071724	-1	G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	G8476			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	G8420			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	G8418			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	1160F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	-1	2001F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00					CLAIM TOTALS	-870.07	-256.43	0.00	0.00		-211.43
ADJ TO TOTAL: PREV PD						INTEREST	0.00					
PLAN TYPE: WEST MI PARTNERS								LATE FILING CHARGE		0.00	NET	-211.43
STATUS CODE 22: Reversal of Previous Payment												

NAME MAHNER, COLLEEN			HIC	94985479000	ACNT	1177LMD642			ICN 434532195900	ASG Y	MOA	
1306898036	0717	071724	1	99395			297.00	158.40	0.00	0.00	CO-45	158.40
1306898036	0717	071724	1	99408	33		61.00	0.00	0.00	0.00	CO-97	61.00
						REM: N19						0.00
1306898036	0717	071724	1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45
						REM: M51						0.00
1306898036	0717	071724	1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00
						REM: M51						0.00
1306898036	0717	071724	1	99213	25		176.20	98.03	0.00	0.00	CO-45	78.17
											PR-3	45.00
1306898036	0717	071724	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	G8476			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	G8420			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	G8418			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	1160F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0717	071724	1	2001F			0.00	0.00	0.00	0.00		0.00
PT RESP	45.00					CLAIM TOTALS	593.65	256.43	0.00	0.00		211.43
ADJ TO TOTAL: PREV PD						INTEREST	0.00					
PLAN TYPE: WEST MI PARTNERS								LATE FILING CHARGE		0.00	NET	211.43
STATUS CODE 1: Processed as Primary												

NAME RUSSO, CHRISTOPHER			HIC	94858860000	ACNT	5045LMD642			ICN 435769266600	ASG Y	MOA	
1306898036	0228	022825	1	99214			219.00	151.33	0.00	0.00	CO-45	131.33
											PR-3	20.00
1306898036	0228	022825	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	20.00					CLAIM TOTALS	219.00	151.33	0.00	0.00		131.33
ADJ TO TOTAL: PREV PD						INTEREST	0.00					
PLAN TYPE: WEST MI PARTNERS								LATE FILING CHARGE		0.00	NET	131.33
STATUS CODE 1: Processed as Primary												



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PAGE #: 3 of 6REMITTANCE  
ADVICE  
DATE: 2025-03-13

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WIERS, COLIN			HIC 94941908100	ACNT	5040LMD642	ICN 435769266200			ASG Y	MOA	
1306898036	0228	022825	1 99395			297.00	160.87	0.00	0.00	CO-45	136.13 160.87
1306898036	0228	022825	1 36415			20.00	15.09	0.00	0.00	CO-45	4.91 15.09
1306898036	0228	022825	1 G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00 0.00
			REM: M51								
1306898036	0228	022825	1 G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45 0.00
			REM: M51								
1306898036	0228	022825	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0228	022825	1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM	TOTALS		376.45	175.96	0.00	0.00		200.49 175.96
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING	CHARGE	0.00	NET	175.96
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 1: Processed as Primary											

NAME DEWEERD, RONALD			HIC 94912016400	ACNT	4312LMD642	ICN 427602976800			ASG Y	MOA	
1013940584	0923	092324	-1 99386			-388.00	0.00	0.00	0.00	CO-B16	-388.00 0.00
1013940584	0923	092324	-1 99214	25		-219.00	-138.62	-138.62	0.00	CO-45	-80.38 0.00
1013940584	0923	092324	-1 36415			-15.00	-13.98	-13.98	0.00	CO-45	-1.02 0.00
1013940584	0923	092324	-1 G0444	XU		-29.45	0.00	0.00	0.00	CO-16	-29.45 0.00
			REM: M51								
1013940584	0923	092324	-1 G0442	XU		-30.00	0.00	0.00	0.00	CO-16	-30.00 0.00
			REM: M51								
1013940584	0923	092324	-1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0923	092324	-1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0923	092324	-1 G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0923	092324	-1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM	TOTALS		-681.45	-152.60	-152.60	0.00		-528.85 0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING	CHARGE	0.00	NET	0.00
PLAN TYPE: WEST MI PARTNERS											
STATUS CODE 22: Reversal of Previous Payment											

NAME DEWEERD, RONALD			HIC 94912016400	ACNT	4312LMD642	ICN 434532198600			ASG Y	MOA	
1013940584	0923	092324	1 99396			327.00	168.04	0.00	0.00	CO-45	158.96 168.04
1013940584	0923	092324	1 36415			15.00	13.98	13.98	0.00	CO-45	1.02 0.00
1013940584	0923	092324	1 G0444	33		29.45	0.00	0.00	0.00	CO-16	29.45 0.00
			REM: M51								
1013940584	0923	092324	1 G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00 0.00
			REM: M51								
1013940584	0923	092324	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0923	092324	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0923	092324	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0923	092324	1 G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0923	092324	1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	13.98		CLAIM	TOTALS		401.45	182.02	13.98	0.00		219.43 168.04
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING	CHARGE	0.00	NET	168.04
PLAN TYPE: WEST MI PARTNERS											
STATUS CODE 1: Processed as Primary											

NAME DREW, ADAM			HIC 94999923500	ACNT	5078LMD642	ICN 435769269000			ASG Y	MOA	
1013940584	0303	030325	1 99214			219.00	151.33	0.00	0.00	CO-45	67.67 116.33
										PR-3	35.00
1013940584	0303	030325	1 0513F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1 3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1 3077F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	35.00		CLAIM	TOTALS		219.00	151.33	0.00	0.00		102.67 116.33
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING	CHARGE	0.00	NET	116.33
PLAN TYPE: MY PRIORITY HMO											
STATUS CODE 1: Processed as Primary											



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PAGE #: 4 of 6REMITTANCE  
ADVANCE  
DATE: 2025-03-13

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HUMPHREY, JAMES			HIC	94923764900	ACNT	1594LMD642	ICN 415217231700		ASG Y	MOA		
1013940584	0607	060724	-1	99214			-219.00	0.00	0.00	0.00	CO-97	-219.00 0.00
REM: N19												
1013940584	0607	060724	-1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	99407			-59.56	-36.92	0.00	0.00	CO-45	-22.64 -36.92
1013940584	0607	060724	-1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	1000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-278.56	-36.92	0.00	0.00		-241.64 -36.92
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET -36.92
PLAN TYPE: MY PRIORITY HMO												
STATUS CODE 22: Reversal of Previous Payment												

NAME HUMPHREY, JAMES			HIC	94923764900	ACNT	1594LMD642	ICN 415617797700		ASG Y	MOA		
1013940584	0607	060724	-1	99214	25		-219.00	0.00	0.00	0.00	CO-252	-219.00 0.00
REM: M29												
1013940584	0607	060724	-1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	99407			-59.56	0.00	0.00	0.00	OA-18	-59.56 0.00
1013940584	0607	060724	-1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	-1	1000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-278.56	0.00	0.00	0.00		-278.56 0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: MY PRIORITY HMO												
STATUS CODE 22: Reversal of Previous Payment												

NAME HUMPHREY, JAMES			HIC	94923764900	ACNT	1594LMD642	ICN 415617797701		ASG Y	MOA		
1013940584	0607	060724	1	99214	25		219.00	138.62	0.00	0.00	CO-45	80.38 138.62
1013940584	0607	060724	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	1	99407			59.56	36.92	0.00	0.00	CO-45	22.64 36.92
1013940584	0607	060724	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0607	060724	1	1000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		278.56	175.54	0.00	0.00		103.02 175.54
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 175.54
PLAN TYPE: MY PRIORITY HMO												
STATUS CODE 1: Processed as Primary												

NAME KAREL, ASHLYN			HIC	94727711902	ACNT	5090LMD642	ICN 435871517700		ASG Y	MOA		
1013940584	0304	030425	1	99213			146.00	107.30	0.00	0.00	CO-45	38.70 87.30
PR-3 20.00												
PT RESP	20.00				CLAIM TOTALS		146.00	107.30	0.00	0.00		58.70 87.30
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 87.30
STATUS CODE 1: Processed as Primary												

NAME NIEMCZYK, DYLAN			HIC	94871891500	ACNT	3773LMD642	ICN 434532197700		ASG Y	MOA		
1013940584	1226	122624	1	99213			146.00	0.00	0.00	0.00	CO-16	146.00 0.00
REM: N152												
1013940584	1226	122624	1	99406			23.00	0.00	0.00	0.00	CO-16	23.00 0.00
REM: N152												
1013940584	1226	122624	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	1	1159F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		169.00	0.00	0.00	0.00		169.00 0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 1: Processed as Primary												



## PRIORITY HEALTH

NPI #: 1982923660  
EFT #: 25068B1000097171TIMOTHY J TOBOLIC MD PLLC [900068405]  
PAGE #: 5 of 6REMITTANCE  
ADVICE  
DATE: 2025-03-13

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME NIEMCZYK, DYLAN				HIC	94871891500	ACNT	3773LMD642	ICN 434664588500				ASG Y	MOA	
1013940584	1226	122624		1	99213	25		146.00	0.00	0.00	0.00	CO-16	146.00	0.00
							REM: N152							
1013940584	1226	122624		1	99406			23.00	0.00	0.00	0.00	CO-16	23.00	0.00
							REM: N152							
1013940584	1226	122624		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	1159F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		169.00	0.00	0.00	0.00		169.00	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

NAME NIEMCZYK, DYLAN				HIC	94871891500	ACNT	3773LMD642	ICN 434676756100				ASG Y	MOA	
1013940584	1226	122624		1	99213	25		146.00	0.00	0.00	0.00	CO-16	146.00	0.00
							REM: N152							
1013940584	1226	122624		1	99406			23.00	0.00	0.00	0.00	CO-16	23.00	0.00
							REM: N152							
1013940584	1226	122624		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	1226	122624		1	1159F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		169.00	0.00	0.00	0.00		169.00	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

NAME PUNCHES, BRIAN				HIC	94997884201	ACNT	4014LMD642	ICN 427569313100				ASG Y	MOA	
1013940584	0108	010825		1	99214	25		219.00	0.00	0.00	0.00	CO-16	219.00	0.00
							REM: M76							
1013940584	0108	010825		1	36415			15.00	0.00	0.00	0.00	CO-16	15.00	0.00
							REM: M76							
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	0.00					CLAIM TOTALS		234.00	0.00	0.00	0.00		234.00	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: MY PRIORITY HMO														
STATUS CODE 1: Processed as Primary														

NAME SCHLIPP, NATHAN				HIC	94958137200	ACNT	5124LMD642	ICN 435871519600				ASG Y	MOA	
1013940584	0214	021425		1	99395			297.00	160.87	0.00	0.00	CO-45	136.13	160.87
1013940584	0214	021425		1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45	0.00
							REM: M51							
1013940584	0214	021425		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0214	021425		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0214	021425		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0214	021425		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0214	021425		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0214	021425		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0214	021425		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0214	021425		1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0214	021425		1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		326.45	160.87	0.00	0.00		165.58	160.87
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	160.87
STATUS CODE 1: Processed as Primary														



## PRIORITY HEALTH

NPI #: 1982923660  
EFT #: 25068B1000097171

TIMOTHY J TOBOLIC MD PLLC [900068405]  
PAGE #: 6 of 6

REMITTANCE  
ADVANCE  
DATE: 2025-03-13

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	SLACHTER, STEVEN		HIC	94817037400	ACNT	1768LMD642			ICN	426588655600	ASG Y MOA	
1013940584	0819	081924	-1	99395	25		0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	-1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	-1	36415	51		-15.00	-13.98	0.00	0.00	CO-45	-13.98
1013940584	0819	081924	-1	G0442	XU		-30.00	0.00	0.00	0.00	CO-16	-30.00
						REM: M51						
1013940584	0819	081924	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	-1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	-1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	-1	G0444	XU		-29.45	0.00	0.00	0.00	CO-16	-29.45
						REM: M51						
1013940584	0819	081924	-1	2000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-74.45	-13.98	0.00	0.00		-60.47
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET -13.98
STATUS CODE 22: Reversal of Previous Payment												

NAME	SLACHTER, STEVEN		HIC	94817037400	ACNT	1768LMD642			ICN	434532196100	ASG Y MOA	
1013940584	0819	081924	1	99395			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	36415			15.00	13.98	0.00	0.00	CO-45	13.98
1013940584	0819	081924	1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	30.00
						REM: M51						
1013940584	0819	081924	1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	29.45
						REM: M51						
1013940584	0819	081924	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0819	081924	1	2000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		74.45	13.98	0.00	0.00		60.47
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 13.98
STATUS CODE 1: Processed as Primary												

NAME	CORPE, JODI		HIC	94775869200	ACNT	4987LMD642			ICN	435871517500	ASG Y MOA	
1013940584	0225	022525	1	99213			146.00	107.30	107.30	0.00	CO-45	38.70
1013940584	0225	022525	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	107.30				CLAIM TOTALS		146.00	107.30	107.30	0.00		38.70
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
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
	22	1703.47	1263.37	75.98	0.00	545.10	1082.39	0.00	1082.39

## 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-252	An attachment / other documentation is required to adjudicate this claim / service. 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
CO-B16	Payment adjusted because 'New Patient' qualifications were not met.
M29	Missing operative note / report.
M51	Missing / incomplete / invalid procedure code(s).
M76	Missing / incomplete / invalid diagnosis or condition.
N152	Missing / incomplete / invalid replacement claim information.
N19	Procedure code incidental to primary procedure.
OA-18	Duplicate claim / service.
PR-1	Deductible Amount
PR-3	Co-payment Amount

