

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: 2025-08-07  
 EFT #: 25215B1000423002  
 TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME LAMBRIGHT, HAYLEY				HIC	0014624208	ACNT	7667LMD642			ICN	456255131800	ASG Y	MOA	
1013940584	0725	072525		1	99395	25		297.00	104.46	0.00	0.00	CO-45	192.54	104.46
1013940584	0725	072525		1	G0136	33		65.00	12.14	0.00	0.00	CO-45	52.86	12.14
1013940584	0725	072525		1	99401	25		65.00	0.00	0.00	0.00	CO-97	65.00	0.00
				REM: N119										
1013940584	0725	072525		1	G0447	XU		65.00	0.00	0.00	0.00	CO-96	65.00	0.00
				REM: N174										
1013940584	0725	072525		1	G2211			25.00	0.00	0.00	0.00	CO-4	25.00	0.00
1013940584	0725	072525		1	99406			27.06	9.16	0.00	0.00	CO-45	17.90	9.16
1013940584	0725	072525		2	96127	XU		80.00	5.96	0.00	0.00	CO-45	74.04	5.96
1013940584	0725	072525		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0725	072525		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0725	072525		1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0725	072525		1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM TOTALS				624.06	131.72	0.00	0.00		492.34	131.72
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	131.72
STATUS CODE 1: Processed as Primary														

NAME MINAKER, CARTER			HIC 0014624208	ACNT 7670LMD642	ICN 456255133800		ASG Y	MOA		
1013940584	0725	072525	1 99391 25	239.00	65.83	0.00	0.00	CO-45	173.17	65.83
1013940584	0725	072525	1 97802	26.00	0.00	0.00	0.00	CO-97	26.00	0.00
			REM: N19							
PT RESP	0.00		CLAIM TOTALS	265.00	65.83	0.00	0.00		199.17	65.83
ADJ TO TOTAL: PREV PD			INTEREST	0.00	LATE FILING CHARGE			0.00	NET	65.83
STATUS CODE 1: Processed as Primary										

NAME WILLIAMSON, BOBBY			HIC 0037709141	ACNT 7756LMD642	ICN 456384245700			ASG Y	MOA	
1013940584	0730	073025	1 99214 25	219.00	82.43	0.00	0.00	CO-45	136.57	82.43
1013940584	0730	073025	1 99401 25	65.00	24.50	0.00	0.00	CO-45	40.50	24.50
1013940584	0730	073025	1 G0447 XU	65.00	0.00	0.00	0.00	CO-96	65.00	0.00
REM: N174										
1013940584	0730	073025	1 3074F	0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	1 3078F	0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	1 3008F	0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	1 2001F	0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	1 2000F	0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	1 1000F	0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	1 1159F	0.00	0.00	0.00	0.00			0.00
1013940584	0730	073025	1 1160F	0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS	349.00	106.93	0.00	0.00		242.07	106.93
ADJ TO TOTAL: PREV PD			INTEREST	0.00	LATE FILING CHARGE		0.00	NET	106.93	
STATUS CODE 1: Processed as Primary										

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	3	1238.06	304.48	0.00	0.00	933.58	304.48	0.00	304.48

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

- CO-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.
- CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
- CO-96 Non-covered charge(s).
- 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
- 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.
- N174 This is not a covered service / procedure/ equipment / bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'.
- N19 Procedure code incidental to primary procedure.

