

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: 2025-08-21  
 NONPAY #: 25222B1000350685  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SULLIVAN, JEANETTE			HIC 94915123100			ACNT 7800LMD642		ICN 456597572500		ASG Y	MOA
INSURED NAME: SULLIVAN MRS, JEANETTE											
1306898036	0804	080425	1	99214	25	219.00	152.63	152.63	0.00	CO-45	66.37
1306898036	0804	080425	1	71046		68.20	54.95	54.95	0.00	CO-45	13.25
1306898036	0804	080425	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0804	080425	1	G8420		0.00	0.00	0.00	0.00		0.00
1306898036	0804	080425	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0804	080425	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0804	080425	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0804	080425	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0804	080425	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0804	080425	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0804	080425	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0804	080425	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	207.58		CLAIM TOTALS			287.20	207.58	207.58	0.00		79.62
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET
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		
	1	287.20	207.58	207.58	0.00	79.62	0.00	0.00	0.00		

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

