

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: 2025-04-24  
 EFT #: 25103B1000291534  
 TAX ID #: 272620668

| REND                                | PROV        | SERV DATE  | POS NOS         | PROC            | MODS             | BILLED       | ALLOWED            | DEDUCT       | COINS     | GRP/RC-AMT | PROV PD |
|-------------------------------------|-------------|------------|-----------------|-----------------|------------------|--------------|--------------------|--------------|-----------|------------|---------|
| NAME BARTZ, DAVID                   |             |            | HIC 94706850100 | ACNT 5706LMD642 | ICN 437399103300 |              |                    | ASG Y        | MOA       |            |         |
| 1306898036                          | 0407        | 040725     | 1 99396         | 25              | 327.00           | 164.27       | 0.00               | 0.00         | CO-45     | 162.73     | 164.27  |
| 1306898036                          | 0407        | 040725     | 1 36415         |                 | 20.00            | 15.22        | 0.00               | 0.00         | CO-45     | 4.78       | 15.22   |
| 1306898036                          | 0407        | 040725     | 1 G0136         | 33              | 34.80            | 25.81        | 0.00               | 0.00         | CO-45     | 8.99       | 25.81   |
| 1306898036                          | 0407        | 040725     | 1 96127         | XU              | 40.00            | 9.42         | 0.00               | 0.00         | CO-45     | 30.58      | 9.42    |
| 1306898036                          | 0407        | 040725     | 1 96160         | XU              | 10.00            | 5.76         | 0.00               | 0.00         | CO-45     | 4.24       | 5.76    |
| 1306898036                          | 0407        | 040725     | 1 G0447         | XU              | 65.00            | 31.26        | 0.00               | 0.00         | CO-45     | 33.74      | 31.26   |
| 1306898036                          | 0407        | 040725     | 1 99401         | 33              | 65.00            | 0.00         | 0.00               | 0.00         | CO-97     | 65.00      | 0.00    |
| REM: N119                           |             |            |                 |                 |                  |              |                    |              |           |            |         |
| 1306898036                          | 0407        | 040725     | 1 3075F         |                 | 0.00             | 0.00         | 0.00               | 0.00         |           |            | 0.00    |
| 1306898036                          | 0407        | 040725     | 1 3079F         |                 | 0.00             | 0.00         | 0.00               | 0.00         |           |            | 0.00    |
| 1306898036                          | 0407        | 040725     | 1 G9622         |                 | 0.00             | 0.00         | 0.00               | 0.00         |           |            | 0.00    |
| 1306898036                          | 0407        | 040725     | 1 G8431         |                 | 0.00             | 0.00         | 0.00               | 0.00         |           |            | 0.00    |
| 1306898036                          | 0407        | 040725     | 1 4004F         |                 | 0.00             | 0.00         | 0.00               | 0.00         |           |            | 0.00    |
| PT RESP                             | 0.00        |            | CLAIM           | TOTALS          | 561.80           | 251.74       | 0.00               | 0.00         |           | 310.06     | 251.74  |
| ADJ TO TOTAL: PREV PD               |             |            |                 |                 | INTEREST         | 0.00         | LATE FILING CHARGE |              | 0.00      | NET        | 251.74  |
| 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 |            |         |
|                                     | 1           | 561.80     | 251.74          | 0.00            | 0.00             | 310.06       | 251.74             | 0.00         | 251.74    |            |         |

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

