PRIORITY HEALTH [] 1231 E. BELTLINE NE GRAND RAPIDS, MI 49525 (000)000-0000

TIMOTHY J TOBOLIC MD PLLC [900068405]

7740 BYRON CENTER AVE SW

BYRON CENTER, MI 49315

NPI #: 1982923660

PAGE #: 1 of 3

DATE: 2025-05-01

EFT #: 25117B1000436655

TAX ID #: 272620668

REND PROV SERV DATE	POS NOS PROC	C MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	AMT	PROV PD
NAME FLIPPIN, FLOYD	HIC 00398	399040 ACNT	6009LMD64	2	ICN 44	45750696	00 ASC	Y MOA	
1306898036 0423 042325			219.00	82.43	0.00	0.00	CO-45	136.57	82.43
1306898036 0423 042325			60.90	0.00	0.00	0.00	CO-16	60.90	0.00
1300030030 0123 012323	1 05050	REM: M76	00.30	0.00	0.00	0.00	CO 10	00.50	0.00
1306898036 0423 042325	1 3075F	11211.	0.00	0.00	0.00	0.00			0.00
1306898036 0423 042325			0.00	0.00	0.00	0.00			0.00
1306898036 0423 042325			0.00	0.00	0.00	0.00			0.00
1306898036 0423 042325			0.00	0.00	0.00	0.00			0.00
1306898036 0423 042325	1 3002F		0.00	0.00	0.00	0.00			0.00
1306898036 0423 042325			0.00	0.00	0.00	0.00			0.00
1306898036 0423 042325					0.00				
			0.00	0.00		0.00			0.00
1306898036 0423 042325			0.00	0.00	0.00	0.00			0.00
1306898036 0423 042325			0.00	0.00	0.00	0.00			0.00
1306898036 0423 042325			0.00	0.00	0.00	0.00			0.00
PT RESP 0.00	CLAIM	TOTALS	279.90	82.43	0.00	0.00		197.47	82.43
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE	FILING C	CHARGE	0.00	NET	82.43
STATUS CODE 1: Process	ed as Primary								
NAME HEWITT, TRAC	HIC 0025		5737LMD64			374917090			
1306898036 0408 040825	-1 99214	25	-219.00	0.00	0.00	0.00	CO-16	-219.00	0.00
		REM: N769							
1306898036 0408 040825	-1 99401	33	-60.00	0.00	0.00	0.00	CO-16	-60.00	0.00
		REM: M76							
1306898036 0408 040825	-1 3074F		0.00	0.00	0.00	0.00			0.00
1306898036 0408 040825	-1 3078F		0.00	0.00	0.00	0.00			0.00
1306898036 0408 040825	-1 3008F		0.00	0.00	0.00	0.00			0.00
1306898036 0408 040825	-1 2001F		0.00	0.00	0.00	0.00			0.00
1306898036 0408 040825	-1 2000F		0.00	0.00	0.00	0.00			0.00
1306898036 0408 040825	-1 1000F		0.00	0.00	0.00	0.00			0.00
1306898036 0408 040825			0.00	0.00	0.00	0.00			0.00
1306898036 0408 040825			0.00	0.00	0.00	0.00			0.00
PT RESP 0.00		TOTALS	-279.00	0.00	0.00	0.00		-279.00	0.00
ADJ TO TOTAL: PREV PD	CHAIN	INTEREST	0.00		FILING C		0.00	NET	0.00
STATUS CODE 22: Revers	al of Dwarriana		0.00	LAIE	. FILLING C	ARGE	0.00	MEI	0.00
SIAIUS CODE 22: Revers	al of Previous	Payment							
NAME HEWITT, TRAC	HIC 0025	E 0 0 0 0 1 3 CONTE	5737LMD64	2	TON 44	42282841	00 ASC	Y MOA	
1306898036 0408 040825			219.00	0.00	0.00	0.00	CO-16	219.00	0.00
1300090030 0400 040023	1 33214	REM: M79	219.00	0.00	0.00	0.00	CO-16	219.00	0.00
1206000026 0400 04000	1 00401		60.00	0 00	0 00	0 00	go 16	60.00	0.00
1306898036 0408 040825	1 99401		60.00	0.00	0.00	0.00	CO-16	60.00	0.00
		REM: M79							
1306898036 0408 040825			0.00	0.00	0.00	0.00			0.00
1306898036 0408 040825			0.00	0.00	0.00	0.00			0.00
1306898036 0408 040825			0.00	0.00	0.00	0.00			0.00
1306898036 0408 040825			0.00	0.00	0.00	0.00			0.00
1306898036 0408 040825	1 2000F		0.00	0.00	0.00	0.00			0.00
1306898036 0408 040825	1 1000F		0.00	0.00	0.00	0.00			0.00
1306898036 0408 040825	1 1159F		0.00	0.00	0.00	0.00			0.00
1306898036 0408 040825	1 1160F		0.00	0.00	0.00	0.00			0.00
PT RESP 0.00		TOTALS	279.00	0.00	0.00	0.00		279.00	0.00
ADJ TO TOTAL: PREV PD		INTEREST	0.00		FILING C		0.00	NET	0.00
STATUS CODE 1: Process	ed as Primarv		2.30						



PRIORITY HEALTH REMITTANCE

NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC [900068405] EFT #: 25117B1000436655 PAGE #: 2 of 3 ADVICE DATE: 2025-05-01

REND PROV SERV DATE	POS NOS PROC MODS	BILLED ALLOWED	DEDUCT COINS	GRP/RC-AMT	PROV PD
					TROV ID
NAME HEWITT, TRAC		5737LMD642	ICN 4442916843		110 16
1306898036 0408 040825	1 99214 25 1 99401 33	219.00 110.16	0.00 0.00		110.16
1306898036 0408 040825	1 99401 33 REM: M76	60.00 0.00	0.00 0.00	CO-16 60.00	0.00
1306898036 0408 040825	1 3074F	0.00 0.00	0.00 0.00		0.00
1306898036 0408 040825	1 3074F	0.00 0.00	0.00 0.00		0.00
1306898036 0408 040825	1 3008F	0.00 0.00	0.00 0.00		0.00
1306898036 0408 040825	1 2001F	0.00 0.00	0.00 0.00		0.00
1306898036 0408 040825	1 2000F	0.00 0.00	0.00 0.00		0.00
1306898036 0408 040825	1 1000F	0.00 0.00	0.00 0.00		0.00
1306898036 0408 040825	1 1159F	0.00 0.00	0.00 0.00		0.00
1306898036 0408 040825	1 1160F	0.00 0.00	0.00 0.00		0.00
1306898036 0408 040825	1 4000F	0.00 0.00	0.00 0.00		0.00
PT RESP 0.00	CLAIM TOTALS	279.00 110.16	0.00 0.00	168.84	110.16
ADJ TO TOTAL: PREV PD	INTEREST		FILING CHARGE	0.00 NET	110.16
STATUS CODE 1: Processe					
NAME PERALES, VINCENT	HIC 0097391730 ACNT	5801LMD642	ICN 4442916853	00 ASG Y MOA	
1306898036 0411 041125	1 99213	146.00 58.58	0.00 0.00	CO-45 87.42	58.58
1306898036 0411 041125	1 3074F	0.00 0.00	0.00 0.00		0.00
1306898036 0411 041125	1 3079F	0.00 0.00	0.00 0.00		0.00
PT RESP 0.00	CLAIM TOTALS	146.00 58.58	0.00 0.00	87.42	58.58
ADJ TO TOTAL: PREV PD	INTEREST	0.00 LATE	FILING CHARGE	0.00 NET	58.58
STATUS CODE 1: Processe	ed as Primary				
NAME BUHMANN, TRYSTAN		5946LMD642	ICN 4444714226		
1013940584 0321 032125	1 99214	219.00 0.00	0.00 0.00	CO-16 219.00	0.00
	REM: M76				
PT RESP 0.00	CLAIM TOTALS	219.00 0.00	0.00 0.00	219.00	0.00
ADJ TO TOTAL: PREV PD	INTEREST	0.00 LATE	FILING CHARGE	0.00 NET	0.00
STATUS CODE 1: Processe	ed as Primary				
NAME HOGAN TEMOTHY	HIC 1265441437 ACNT	4899LMD642	ICN 4357692641	00 ASG Y MOA	
NAME HOGAN, TIMOTHY 1013940584 0220 022025	-1 99396	0.00 0.00	0.00 0.00	OU ASG I MOA	0.00
1013940584 0220 022025	-1 99396	-241.68 -82.43	0.00 0.00	CO-45 -159.25	-82.43
1013940584 0220 022025	-1 99214 23 -1 81001 QW	-43.05 -2.62	0.00 0.00	CO-45 -139.23	-2.62
1013940584 0220 022025	-1 36415	-20.00 -7.53	0.00 0.00	CO-45 -12.47	-7.53
1013940584 0220 022025	-1 97802	-40.00 0.00	0.00 0.00	CO-97 -40.00	0.00
1013940304 0220 022023	REM: M15	-40.00 0.00	0.00	-40.00	0.00
1013940584 0220 022025	-1 G0442 XU	-30.00 0.00	0.00 0.00	CO-16 -30.00	0.00
	REM: M51			33 23	
1013940584 0220 022025	-1 G0444 33	-29.45 0.00	0.00 0.00	CO-16 -29.45	0.00
	REM: M51				
1013940584 0220 022025	-1 0513F	0.00 0.00	0.00 0.00		0.00
1013940584 0220 022025	-1 G9621	0.00 0.00	0.00 0.00		0.00
1013940584 0220 022025	-1 G8510	0.00 0.00	0.00 0.00		0.00
PT RESP 0.00	CLAIM TOTALS	-404.18 -92.58	0.00 0.00	-311.60	-92.58
ADJ TO TOTAL: PREV PD	INTEREST	0.00 LATE	FILING CHARGE	0.00 NET	-92.58
STATUS CODE 22: Reverse	al of Previous Payment				
NAME HOGAN, TIMOTHY		4899LMD642	ICN 4368768619		
1013940584 0220 022025	1 99396 25	327.00 89.89	0.00 0.00	CO-45 237.11	89.89
1013940584 0220 022025	1 99214 25	241.68 82.43	0.00 0.00	CO-45 159.25	82.43
1013940584 0220 022025	1 81001 QW	43.05 2.62	0.00 0.00	CO-45 40.43	2.62
1013940584 0220 022025	1 36415	20.00 7.53	0.00 0.00	CO-45 12.47	7.53
1013940584 0220 022025	1 99401 33	65.00 24.50	0.00 0.00	CO-45 40.50	24.50
1013940584 0220 022025	1 G0447 XU	65.00 0.00	0.00 0.00	CO-96 65.00	0.00
	REM: N174				
1013940584 0220 022025	1 96160 XU	5.30 0.00	0.00 0.00	CO-B15 5.30	0.00
1013940584 0220 022025	1 96127 XU	40.00 2.98	0.00 0.00	CO-45 37.02	2.98
1013940584 0220 022025	1 0513F	0.00 0.00	0.00 0.00		0.00
1013940584 0220 022025	1 G9621	0.00 0.00	0.00 0.00		0.00
1013940584 0220 022025	1 G8510	0.00 0.00	0.00 0.00		0.00
1013940584 0220 022025	1 3008F	0.00 0.00	0.00 0.00		0.00
PT RESP 0.00	CLAIM TOTALS	807.03 209.95	0.00 0.00	597.08	209.95
ADJ TO TOTAL: PREV PD	INTEREST	0.00 LATE	FILING CHARGE	0.00 NET	209.95
STATUS CODE 1: Processe	ed as Primary				



PRIORITY HEALTH REMITTANCE

NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC [900068405] EFT #: 25117B1000436655 PAGE #: 3 of 3 ADVICE DATE: 2025-05-01

		000436655		PAGE #:						DAIE:	2025-05-01
REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-	AMT	PROV PI
NAME MORT	ON, AUSTIN	HIC	00082575	61 ACNT	5919LMD6	42	ICN 44	441435370	00 AS	G Y MOA	
101394058	4 0418 041825	5 1	99215 25		219.00	154.56	0.00	0.00	CO-45	64.44	154.5
101394058	4 0418 041825	5 1	G0447 XU		65.00	0.00	0.00	0.00	CO-96	65.00	0.0
			RE	M: N174							
101394058	4 0418 041825	5 1	83036 QW		60.90	8.04	0.00	0.00	CO-45	52.86	8.0
101394058	4 0418 041825	5 1	0513F		0.00	0.00	0.00	0.00			0.0
101394058	4 0418 041825	5 1	3077F		0.00	0.00	0.00	0.00			0.0
L01394058	4 0418 041825	5 1	3078F		0.00	0.00	0.00	0.00			0.0
L01394058	4 0418 041825	5 1	3051F		0.00	0.00	0.00	0.00			0.0
PT RESP	0.00		CLAIM TOT	ALS	344.90	162.60	0.00	0.00		182.30	162.6
ADJ TO TO	TAL: PREV PD		I	NTEREST	0.00	LATE	FILING C	HARGE	0.00	NET	162.60
STATUS CO	DE 1: Process	sed as Pri	mary								
TOTALS:	# OF E	BILLED	ALLOWED	DEL	UCT	COINS	TOTAL	PROV I	PD	PROV	CHECK
TOTALS:	CLAIMS	AMT	AMT	AM		COINS AMT	TOTAL RC-AMT	PROV I		ADJ AMT	CHECK AMT
TOTALS:	CLAIMS			AM				AMT	1		AMT
GLOSSARY CO-16 CO-45 CO-96 CO-97	CLAIMS 9 1 : GROUP, REAS Claim / serv details. Charge excee Non-covered Payment adju	AMT 1671.65 SON, MOA, vice lacks eds fee so charge(s) isted beca	AMT 531.1 REMARK AN informat thedule /:	AM 4 D REASON ion which maximum a enefit fo	CODES is needed	AMT 0.00 d for adju or contractivice is i	RC-AMT 1140.51 adication.	AMT 531. Check Re islated f	.14 emittance fee arrang	ADJ AMT 0.00 Remark Co	AMT 531.14 odes for
GLOSSARY CO-16 CO-45 CO-96 CO-97	CLAIMS 9 : GROUP, REAS Claim / serv details. Charge excee Non-covered Payment adju service / pr Payment adju received and Separately h	AMT 1671.65 SON, MOA, vice lacks eds fee so charge(s) isted beca rocedure t isted beca i covered. billed ser	AMT 531.1 REMARK AN s informat the dule / : ause the b that has a suse this The qual twices / t	AM D REASON ion which maximum a enefit fo lready be service / ifying ot ests have	CODES a is needed allowable or this seeded are adjudicy procedure ther services been bund	AMT 0.00 d for adju or contract rvice is i cated e requires ce / proce	RC-AMT 1140.51 dication. ted / leg .ncluded is that a quedure has	AMT 531. Check Re islated f n the pay ualifying not been	.14 emittance fee arrang yment / a: g service received	ADJ AMT 0.00 Remark Co gement. llowance f / procedu / adjudio	AMT 531.14 odes for another are be ated.
ELOSSARY CO-16 CO-45 CO-96 CO-97 CO-B15	CLAIMS 9 1 : GROUP, REAS Claim / serv details. Charge excee Non-covered Payment adju service / pr Payment adju received and Separately t procedure. S	AMT L671.65 GON, MOA, rice lacks eds fee so charge(s) ssted beca cocedure t sted beca d covered billed ser Geparate p	AMT 531.1 REMARK AN s informat thedule / : thedule /	AM D REASON ion which maximum a enefit fo lready be service / ifying ot ests have not allo	CODES a is needed allowable of this seeded by procedure ther services been bund by wed.	AMT 0.00 d for adju or contrac rvice is i cated e requires ce / proce dled as th	RC-AMT 1140.51 dication. ted / leg .ncluded is that a quedure has	AMT 531. Check Re islated f n the pay ualifying not been	.14 emittance fee arrang yment / a: g service received	ADJ AMT 0.00 Remark Co gement. llowance f / procedu / adjudio	AMT 531.14 odes for or another are be lated.
GLOSSARY CO-16 CO-45 CO-96 CO-97 CO-B15 M15	CLAIMS 9 : GROUP, REAS Claim / serv details. Charge excee Non-covered Payment adju service / pr Payment adju received and Separately b procedure. S Missing / ir	AMT L671.65 SON, MOA, vice lacks eds fee so charge(s) isted becare to the state of	AMT 531.1 REMARK AN s informat the dule / :	D REASON ion which maximum a enefit fo lready be service / ifying ot ests have not allo procedur	CODES is needed allowable or this seeded procedure ther service been bund or been bund there code(s)	AMT 0.00 d for adjust or contractive is it cated as requires ce / proceduled as the	RC-AMT 1140.51 dication. ted / leg .ncluded is that a quedure has	AMT 531. Check Re islated f n the pay ualifying not been	.14 emittance fee arrang yment / a: g service received	ADJ AMT 0.00 Remark Co gement. llowance f / procedu / adjudio	AMT 531.14 odes for another are be ated.
GLOSSARY CO-16 CO-45 CO-96	CLAIMS 9 1 : GROUP, REAS Claim / serv details. Charge excee Non-covered Payment adju service / pr Payment adju received and Separately t procedure. S	AMT L671.65 SON, MOA, rice lacks eds fee so charge(s) isted beca rocedure t isted beca il covered. billed ser separate incomplete	AMT 531.1 REMARK AN informat chedule / : chedule / : chetule / : that has a luse this The qual vices / to ayment is / invalid / invalid	D REASON ion which maximum a enefit fo lready be service / ifying ot ests have procedur diagnosi	CODES is needed allowable or this seeded procedure ther service been bund or been bund there code(s)	AMT 0.00 d for adjust or contractive is it cated as requires ce / proceduled as the	RC-AMT 1140.51 dication. ted / leg .ncluded is that a quedure has	AMT 531. Check Re islated f n the pay ualifying not been	.14 emittance fee arrang yment / a: g service received	ADJ AMT 0.00 Remark Co gement. llowance f / procedu / adjudio	AMT 531.14 odes for anothe are be ated.

This is not a covered service / procedure/ equipment / bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'. A lateral diagnosis is required. N769

