

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: 2025-04-03  
EFT #: 25089B1000094296  
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DEJONG, BETH		HIC 94971083000	ACNT 5487LMD642		ICN 436840864600	ASG Y	MOA			
1306898036	0326 032625	1 99213 25			146.00	107.30	0.00	0.00	CO-45	72.30
									PR-3	
									CO-45	
1306898036	0326 032625	1 96127 XU			40.00	9.34	0.00	0.00		9.34
1306898036	0326 032625	1 G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0326 032625	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0326 032625	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0326 032625	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0326 032625	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0326 032625	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0326 032625	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0326 032625	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0326 032625	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0326 032625	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	35.00	CLAIM TOTALS			186.00	116.64	0.00	0.00		81.64
ADJ TO TOTAL: PREV PD		INTEREST			0.00				104.36	81.64
PLAN TYPE: MY PRIORITY HMO						LATE FILING CHARGE		0.00	NET	
STATUS CODE 1: Processed as Primary										

NAME DOANE, DEBBIE		HIC 94805320400	ACNT 5461LMD642		ICN 436805652300	ASG Y	MOA			
1306898036	0325 032525	1 99213			146.00	107.30	0.00	0.00	CO-45	107.30
1306898036	0325 032525	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0325 032525	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0325 032525	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0325 032525	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0325 032525	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0325 032525	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0325 032525	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0325 032525	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS			146.00	107.30	0.00	0.00		107.30
ADJ TO TOTAL: PREV PD		INTEREST			0.00				38.70	107.30
STATUS CODE 1: Processed as Primary						LATE FILING CHARGE		0.00	NET	

NAME DOORNBOS, MITCHELL		HIC 94908040500	ACNT 3919LMD642		ICN 426728209900	ASG Y	MOA			
1306898036	0103 010325	-1 99395 25			-297.00	0.00	0.00	0.00	CO-16	0.00
		REM: M76								
1306898036	0103 010325	-1 G2211			-25.00	0.00	0.00	0.00	CO-16	0.00
		REM: M76								
1306898036	0103 010325	-1 96127 XU			-40.00	0.00	0.00	0.00	CO-16	0.00
		REM: M76								
1306898036	0103 010325	-1 96127 XU			-40.00	0.00	0.00	0.00	CO-16	0.00
		REM: M76								
1306898036	0103 010325	-1 81001 QW			-43.05	0.00	0.00	0.00	CO-16	0.00
		REM: M76								
1306898036	0103 010325	-1 82043 QW			-14.70	0.00	0.00	0.00	CO-16	0.00
		REM: M76								
1306898036	0103 010325	-1 82570 QW			-17.85	0.00	0.00	0.00	CO-16	0.00
		REM: M76								
1306898036	0103 010325	-1 3061F			0.00	0.00	0.00	0.00		0.00
1306898036	0103 010325	-1 G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0103 010325	-1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0103 010325	-1 36415			-15.00	0.00	0.00	0.00	CO-16	0.00
		REM: M76								
1306898036	0103 010325	-1 G8417			0.00	0.00	0.00	0.00		0.00
1306898036	0103 010325	-1 3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0103 010325	-1 3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS			-492.60	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD		INTEREST			0.00				-492.60	0.00
STATUS CODE 22: Reversal of Previous Payment						LATE FILING CHARGE		0.00	NET	0.00



## PRIORITY HEALTH

NPI #: 1982923660  
EFT #: 25089B1000094296

TIMOTHY J TOBOLIC MD PLLC [900068405]  
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REMITTANCE  
ADVICE  
DATE: 2025-04-03

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	DOORNBOS, MITCHELL	HIC	94908040500	ACNT	3919LMD642			ICN	427209119200	ASG	Y	MOA		
1306898036	0103	010325	-1	99395	25			-297.00	0.00	0.00	0.00	CO-16	-297.00	0.00
						REM: M76								
1306898036	0103	010325	-1	36415				-15.00	0.00	0.00	0.00	CO-16	-15.00	0.00
						REM: M76								
1306898036	0103	010325	-1	G2211				-25.00	0.00	0.00	0.00	CO-16	-25.00	0.00
						REM: M76								
1306898036	0103	010325	-1	96127	XU			-40.00	0.00	0.00	0.00	CO-16	-40.00	0.00
						REM: M76								
1306898036	0103	010325	-1	96127	XU			-40.00	0.00	0.00	0.00	CO-16	-40.00	0.00
						REM: M76								
1306898036	0103	010325	-1	81001	QW			-43.05	0.00	0.00	0.00	CO-16	-43.05	0.00
						REM: M76								
1306898036	0103	010325	-1	82043	QW			-14.70	0.00	0.00	0.00	CO-16	-14.70	0.00
						REM: M76								
1306898036	0103	010325	-1	82570	QW			-17.85	0.00	0.00	0.00	CO-16	-17.85	0.00
						REM: M76								
1306898036	0103	010325	-1	3061F				0.00	0.00	0.00	0.00			0.00
1306898036	0103	010325	-1	G8510				0.00	0.00	0.00	0.00			0.00
1306898036	0103	010325	-1	G9622				0.00	0.00	0.00	0.00			0.00
1306898036	0103	010325	-1	G8417				0.00	0.00	0.00	0.00			0.00
1306898036	0103	010325	-1	3075F				0.00	0.00	0.00	0.00			0.00
1306898036	0103	010325	-1	3078F				0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		-492.60	0.00	0.00	0.00		-492.60	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 22: Reversal of Previous Payment														

NAME	DOORNBOS, MITCHELL	HIC	94908040500	ACNT	3919LMD642			ICN	427285825300	ASG	Y	MOA		
1306898036	0103	010325	-1	99395				-297.00	0.00	0.00	0.00	CO-16	-297.00	0.00
						REM: M76								
1306898036	0103	010325	-1	36415				-15.00	0.00	0.00	0.00	CO-16	-15.00	0.00
						REM: M76								
1306898036	0103	010325	-1	G2211				-25.00	0.00	0.00	0.00	CO-16	-25.00	0.00
						REM: M76								
1306898036	0103	010325	-1	96127	XU			-40.00	0.00	0.00	0.00	CO-16	-40.00	0.00
						REM: M76								
1306898036	0103	010325	-1	96127	XU			-40.00	0.00	0.00	0.00	CO-16	-40.00	0.00
						REM: M76								
1306898036	0103	010325	-1	81001				-43.05	0.00	0.00	0.00	CO-16	-43.05	0.00
						REM: M76								
1306898036	0103	010325	-1	82043	QW			-14.70	0.00	0.00	0.00	CO-16	-14.70	0.00
						REM: M76								
1306898036	0103	010325	-1	82570	QW			-17.85	0.00	0.00	0.00	CO-16	-17.85	0.00
						REM: M76								
1306898036	0103	010325	-1	3061F				0.00	0.00	0.00	0.00			0.00
1306898036	0103	010325	-1	G8510				0.00	0.00	0.00	0.00			0.00
1306898036	0103	010325	-1	G9622				0.00	0.00	0.00	0.00			0.00
1306898036	0103	010325	-1	G8417				0.00	0.00	0.00	0.00			0.00
1306898036	0103	010325	-1	3075F				0.00	0.00	0.00	0.00			0.00
1306898036	0103	010325	-1	3078F				0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		-492.60	0.00	0.00	0.00		-492.60	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 22: Reversal of Previous Payment														

NAME	DOORNBOS, MITCHELL	HIC	94908040500	ACNT	3919LMD642			ICN	435210135900	ASG	Y	MOA		
1306898036	0103	010325	1	99395				297.00	160.87	0.00	0.00	CO-45	136.13	160.87
1306898036	0103	010325	1	36415				15.00	15.00	0.00	0.00			15.00
1306898036	0103	010325	1	G2211				25.00	0.00	0.00	0.00	CO-97	25.00	0.00
1306898036	0103	010325	1	96127	XU			40.00	9.34	0.00	0.00	CO-45	30.66	9.34
1306898036	0103	010325	1	96127	XU			40.00	9.34	0.00	0.00	CO-45	30.66	9.34
1306898036	0103	010325	1	81001				43.05	3.50	0.00	0.00	CO-45	39.55	3.50
1306898036	0103	010325	1	82043	QW			14.70	5.95	0.00	0.00	CO-45	8.75	5.95
1306898036	0103	010325	1	82570	QW			17.85	5.60	0.00	0.00	CO-45	12.25	5.60
1306898036	0103	010325	1	3061F				0.00	0.00	0.00	0.00			0.00
1306898036	0103	010325	1	G8510				0.00	0.00	0.00	0.00			0.00
1306898036	0103	010325	1	G9622				0.00	0.00	0.00	0.00			0.00
1306898036	0103	010325	1	G8417				0.00	0.00	0.00	0.00			0.00
1306898036	0103	010325	1	3075F				0.00	0.00	0.00	0.00			0.00
1306898036	0103	010325	1	3078F				0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		492.60	209.60	0.00	0.00		283.00	209.60
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	209.60
STATUS CODE 1: Processed as Primary														



## PRIORITY HEALTH

NPI #: 1982923660  
EFT #: 25089B1000094296TIMOTHY J TOBOLIC MD PLLC [900068405]  
PAGE #: 3 of 6REMITTANCE  
ADVICE  
DATE: 2025-04-03

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	GODLEY, JACQUELYN		HIC	94711087500	ACNT	5495LMD642			ICN	436840869000	ASG Y	MOA
1306898036	0326	032625	1	98966			25.00	0.00	0.00	0.00	CO-16	25.00
						REM: N769						0.00

PT RESP	0.00		CLAIM	TOTALS	25.00	0.00	0.00	0.00		25.00		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											

NAME	KUIPER, JOSHUA		HIC	94965949100	ACNT	5442LMD642			ICN	436710876000	ASG Y	MOA
1306898036	0324	032425	3	95117			111.00	0.00	0.00	0.00	CO-16	111.00
						REM: M76						0.00

PT RESP	0.00		CLAIM	TOTALS	111.00	0.00	0.00	0.00		111.00		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											

NAME	KUIPER, REBEKAH		HIC	94991184201	ACNT	3572LMD642			ICN	426611769100	ASG Y	MOA
1306898036	1213	121324	-1	99214	25		-219.00	0.00	0.00	0.00	CO-16	-219.00
						REM: M76						0.00

1306898036	1213	121324	-1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	1213	121324	-1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	1213	121324	-1	G8420			0.00	0.00	0.00	0.00		0.00
1306898036	1213	121324	-1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	1213	121324	-1	G8427			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM	TOTALS			-219.00	0.00	0.00	0.00		-219.00
ADJ TO TOTAL: PREV PD				INTEREST	0.00		LATE FILING	CHARGE		0.00	NET	0.00
PLAN TYPE:	COREWELL HLTH WMI NTWK											
STATUS CODE 22:	Reversal of Previous Payment											

NAME	KUIPER, REBEKAH		HIC	94991184201	ACNT	3572LMD642			ICN	434532197400	ASG Y	MOA
1306898036	1213	121324	1	99214			219.00	138.62	0.00	0.00	CO-45	80.38
1306898036	1213	121324	1	3074F			0.00	0.00	0.00	0.00		138.62
1306898036	1213	121324	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	1213	121324	1	G8420			0.00	0.00	0.00	0.00		0.00
1306898036	1213	121324	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	1213	121324	1	G8427			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM	TOTALS			219.00	138.62	0.00	0.00		80.38
ADJ TO TOTAL: PREV PD				INTEREST	0.00		LATE FILING	CHARGE		0.00	NET	138.62
PLAN TYPE:	COREWELL HLTH WMI NTWK											
STATUS CODE 1:	Processed as Primary											

1306898036	1213	121324	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	1213	121324	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	1213	121324	1	G8420			0.00	0.00	0.00	0.00		0.00
1306898036	1213	121324	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	1213	121324	1	G8427			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM	TOTALS			219.00	138.62	0.00	0.00		80.38
ADJ TO TOTAL: PREV PD				INTEREST	0.00		LATE FILING	CHARGE		0.00	NET	138.62
PLAN TYPE:	COREWELL HLTH WMI NTWK											
STATUS CODE 1:	Processed as Primary											

NAME	MILLSPAUGH, RUSSELL		HIC	94981800200	ACNT	5432LMD642			ICN	436710874500	ASG Y	MOA
1306898036	0324	032425	1	99396			327.00	171.02	0.00	0.00	CO-45	155.98
1306898036	0324	032425	1	99214	25		241.68	151.33	0.00	0.00	CO-45	90.35
											PR-3	35.00

1306898036	0324	032425	1	96127	XU		40.00	9.34	0.00	0.00	CO-45	30.66
1306898036	0324	032425	1	96160	XU		5.30	5.30	0.00	0.00		9.34
1306898036	0324	032425	1	G0136	33		34.80	26.87	0.00	0.00	CO-45	5.30
1306898036	0324	032425	1	G0447	XU		0.00	0.00	0.00	0.00		26.87
1306898036	0324	032425	1	99401	33		0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	1	3075F			0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	1	3079F			0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	1	G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	1	G8431			0.00	0.00	0.00	0.00		0.00
1306898036	0324	032425	1	1036F			0.00	0.00	0.00	0.00		0.00
PT RESP	35.00		CLAIM	TOTALS			648.78	363.86	0.00	0.00		319.92
ADJ TO TOTAL: PREV PD				INTEREST	0.00		LATE FILING	CHARGE		0.00	NET	328.86
PLAN TYPE:	COREWELL HLTH WMI NTWK											
STATUS CODE 1:	Processed as Primary											

NAME	SWAN, MICHAEL		HIC	94912092900	ACNT	5542LMD642			ICN	436876870600	ASG Y	MOA
1306898036	0328	032825	1	99214	25		219.00	151.33	151.33	0.00	CO-45	67.67
1306898036	0328	032825	1	82043	QW		14.70	5.95	5.95	0.00	CO-45	8.75
1306898036	0328	032825	1	82570	QW		17.85	5.60	5.60	0.00	CO-45	0.00

1306898036	0328	032825	1	G0447	XU		65.00	30.99	0.00	0.00	CO-45	12.25
1306898036	0328	032825	1	99401	33		65.00	54.23	0.00	0.00	CO-45	34.01
1306898036	0328	032825	1	3074F			0.00	0.00	0.00	0.00		30.99
1306898036	0328	032825	1	3078F			0.00	0.00	0.00	0.00		54.23
1306898036	0328	032825	1	1036F			0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	1	3060F			0.00	0.00	0.00	0.00		0.00
PT RESP	162.88		CLAIM	TOTALS			381.55	248.10	162.88	0.00		133.45
ADJ TO TOTAL: PREV PD				INTEREST	0.00		LATE FILING	CHARGE		0.00	NET	85.22
STATUS CODE 1:	Processed as Primary											



## PRIORITY HEALTH

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TIMOTHY J TOBOLIC MD PLLC [900068405]  
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REMITTANCE  
ADVICE  
DATE: 2025-04-03

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME SYTSMA, JASON			HIC 94907976900	ACNT 5471LMD642	ICN 436805656700		ASG Y	MOA				
1306898036	0325	032525	1	99396	25	327.00	171.02	0.00	0.00	CO-45	155.98	171.02
1306898036	0325	032525	1	G0136	33	34.80	26.87	0.00	0.00	CO-45	7.93	26.87
1306898036	0325	032525	1	96127	XU	40.00	9.34	0.00	0.00	CO-45	30.66	9.34
1306898036	0325	032525	1	96160	XU	10.00	5.71	0.00	0.00	CO-45	4.29	5.71
1306898036	0325	032525	1	G0557		94.10	65.17	0.00	0.00	CO-45	28.93	65.17
1306898036	0325	032525	1	G8417		0.00	0.00	0.00	0.00			0.00
1306898036	0325	032525	1	3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0325	032525	1	3079F		0.00	0.00	0.00	0.00			0.00
1306898036	0325	032525	1	G9622		0.00	0.00	0.00	0.00			0.00
1306898036	0325	032525	1	G8510		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM TOTALS		505.90	278.11	0.00	0.00		227.79	278.11
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	278.11
STATUS CODE 1: Processed as Primary												

NAME VANDERVELDE, BRENDA			HIC 94919455500	ACNT 5477LMD642	ICN 436805657100		ASG Y	MOA				
INSURED NAME: VANDER VELDE, BRENDA												
1306898036	0326	032625	1	99213	25	146.00	107.30	0.00	0.00	CO-45	38.70	72.30
										PR-3	35.00	
										CO-45	30.66	9.34
1306898036	0326	032625	1	96127		40.00	9.34	0.00	0.00			0.00
1306898036	0326	032625	1	3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1	3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1	1036F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1	G8510		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1	3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1	2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1	2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1	1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1	1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	35.00			CLAIM TOTALS		186.00	116.64	0.00	0.00		104.36	81.64
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	81.64
PLAN TYPE: MY PRIORITY HMO												
STATUS CODE 1: Processed as Primary												

NAME VANDERVELDE, BRENDA			HIC 94919455500	ACNT 5483LMD642	ICN 436840862800		ASG Y	MOA				
INSURED NAME: VANDER VELDE, BRENDA												
1306898036	0326	032625	1	82043	QW	14.70	5.95	5.95	0.00	CO-45	8.75	0.00
1306898036	0326	032625	1	82570	QW	17.85	5.60	5.60	0.00	CO-45	12.25	0.00
1306898036	0326	032625	1	3061F		0.00	0.00	0.00	0.00			0.00
PT RESP	11.55			CLAIM TOTALS		32.55	11.55	11.55	0.00		21.00	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 KAREL, KARA			HIC 94727711901	ACNT 5497LMD642	ICN 436840870400		ASG Y	MOA				
1013940584	0326	032625	1	36415		20.00	15.09	0.00	0.00	CO-45	4.91	15.09
PT RESP	0.00			CLAIM TOTALS		20.00	15.09	0.00	0.00		4.91	15.09
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	15.09
STATUS CODE 1: Processed as Primary												

NAME KAREL, KARA			HIC 94727711901	ACNT 5503LMD642	ICN 436840873000		ASG Y	MOA				
1013940584	0327	032725	1	99395		297.00	160.87	0.00	0.00	CO-45	136.13	160.87
1013940584	0327	032725	1	99214	25	219.00	151.33	0.00	0.00	CO-45	67.67	131.33
										PR-3	20.00	
1013940584	0327	032725	1	96160	XU	15.00	5.71	0.00	0.00	CO-45	9.29	5.71
1013940584	0327	032725	1	96127	XU	40.00	9.34	0.00	0.00	CO-45	30.66	9.34
1013940584	0327	032725	1	G0136	33	34.80	26.87	0.00	0.00	CO-45	7.93	26.87
1013940584	0327	032725	1	G8417		0.00	0.00	0.00	0.00			0.00
1013940584	0327	032725	1	3074F		0.00	0.00	0.00	0.00			0.00
1013940584	0327	032725	1	3078F		0.00	0.00	0.00	0.00			0.00
1013940584	0327	032725	1	G9622		0.00	0.00	0.00	0.00			0.00
1013940584	0327	032725	1	G8510		0.00	0.00	0.00	0.00			0.00
PT RESP	20.00			CLAIM TOTALS		605.80	354.12	0.00	0.00		271.68	334.12
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	334.12
STATUS CODE 1: Processed as Primary												



## PRIORITY HEALTH

NPI #: 1982923660  
EFT #: 25089B1000094296TIMOTHY J TOBOLIC MD PLLC [900068405]  
PAGE #: 5 of 6REMITTANCE  
ADVICE  
DATE: 2025-04-03

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME NIEMCZYK, LINDSEY				HIC	94871891501	ACNT	5524LMD642	ICN 436876868500				ASG Y	MOA	
1013940584	0113	011325		1	99214			219.00	151.33	151.33	0.00	CO-45	67.67	0.00
1013940584	0113	011325		1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0113	011325		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0113	011325		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0113	011325		1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0113	011325		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0113	011325		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0113	011325		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0113	011325		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0113	011325		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0113	011325		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP 151.33				CLAIM TOTALS				219.00	151.33	151.33	0.00		67.67	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, LINDSEY				HIC	94871891501	ACNT	5526LMD642	ICN 436876868900				ASG Y	MOA	
1013940584	0224	022425		1	36415			20.00	15.09	15.09	0.00	CO-45	4.91	0.00
PT RESP 15.09				CLAIM TOTALS				20.00	15.09	15.09	0.00		4.91	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 PAPA, KATHLEEN				HIC	94944309500	ACNT	5288LMD642	ICN 436490813000				ASG Y	MOA	
1013940584	0312	031225		1	99396 25			327.00	0.00	0.00	0.00	CO-16	327.00	0.00
REM: N769														
1013940584	0312	031225		1	82043 QW			14.70	5.95	5.95	0.00	CO-45	8.75	0.00
1013940584	0312	031225		1	82570 QW			17.85	5.60	5.60	0.00	CO-45	12.25	0.00
1013940584	0312	031225		1	36415			20.00	15.09	0.00	0.00	CO-45	4.91	15.09
1013940584	0312	031225		1	96160 XU			5.30	5.30	0.00	0.00			5.30
1013940584	0312	031225		1	G0136 33			34.80	0.00	0.00	0.00	CO-16	34.80	0.00
REM: N769														
1013940584	0312	031225		1	96127 XU			40.00	9.34	0.00	0.00	CO-45	30.66	9.34
1013940584	0312	031225		1	G0447 XU			15.00	15.00	0.00	0.00			15.00
1013940584	0312	031225		1	99401 33			40.00	40.00	0.00	0.00			40.00
1013940584	0312	031225		1	G0446 XU			61.88	30.99	0.00	0.00	CO-45	30.89	30.99
1013940584	0312	031225		1	3077F			0.00	0.00	0.00	0.00			0.00
1013940584	0312	031225		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0312	031225		1	3061F			0.00	0.00	0.00	0.00			0.00
1013940584	0312	031225		1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0312	031225		1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP 11.55				CLAIM TOTALS				576.53	127.27	11.55	0.00		449.26	115.72
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	115.72
PLAN TYPE: COREWELL HLTH WMI NTWK														
STATUS CODE 1: Processed as Primary														

NAME SKALITZKY, CONNOR				HIC	95000149502	ACNT	5460LMD642	ICN 436805651800				ASG Y	MOA	
1013940584	0325	032525		1	99385 25			341.00	178.38	0.00	0.00	CO-45	162.62	178.38
1013940584	0325	032525		1	G0136 33			34.80	26.87	0.00	0.00	CO-45	7.93	26.87
1013940584	0325	032525		1	96127 XU			40.00	9.34	0.00	0.00	CO-45	30.66	9.34
1013940584	0325	032525		1	96160 XU			5.30	5.30	0.00	0.00			5.30
1013940584	0325	032525		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0325	032525		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0325	032525		1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0325	032525		1	G8431			0.00	0.00	0.00	0.00			0.00
PT RESP 0.00				CLAIM TOTALS				421.10	219.89	0.00	0.00		201.21	219.89
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	219.89
PLAN TYPE: COREWELL HLTH WMI NTWK														
STATUS CODE 1: Processed as Primary														

NAME SMITH, HOPE				HIC	94920898601	ACNT	2417LMD642	ICN 415904614400				ASG Y	MOA	
1013940584	1003	100324		-1	99385			-341.00	0.00	0.00	0.00	CO-B16	-341.00	0.00
1013940584	1003	100324		-1	99213 25			-146.00	-98.03	-98.03	0.00	CO-45	-47.97	0.00
1013940584	1003	100324		-1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1003	100324		-1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1003	100324		-1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	1003	100324		-1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	1003	100324		-1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	1003	100324		-1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	1003	100324		-1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	1003	100324		-1	2001F			0.00	0.00	0.00	0.00			0.00
PT RESP 0.00				CLAIM TOTALS				-487.00	-98.03	-98.03	0.00		-388.97	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 22: Reversal of Previous Payment														



## PRIORITY HEALTH

NPI #: 1982923660  
EFT #: 25089B1000094296

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

REMITTANCE  
ADVICE  
DATE: 2025-04-03

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SMITH, HOPE			HIC 94920898601	ACNT 2417LMD642		ICN 435171099700	ASG Y	MOA			
1013940584	1003	100324	1 99395		297.00	158.40	0.00	0.00	CO-45	138.60	158.40
1013940584	1003	100324	1 99213 25		146.00	98.03	98.03	0.00	CO-45	47.97	0.00
1013940584	1003	100324	1 3074F		0.00	0.00	0.00	0.00			0.00
1013940584	1003	100324	1 3078F		0.00	0.00	0.00	0.00			0.00
1013940584	1003	100324	1 3008F		0.00	0.00	0.00	0.00			0.00
1013940584	1003	100324	1 1000F		0.00	0.00	0.00	0.00			0.00
1013940584	1003	100324	1 1160F		0.00	0.00	0.00	0.00			0.00
1013940584	1003	100324	1 2000F		0.00	0.00	0.00	0.00			0.00
1013940584	1003	100324	1 1159F		0.00	0.00	0.00	0.00			0.00
1013940584	1003	100324	1 2001F		0.00	0.00	0.00	0.00			0.00
PT RESP	98.03		CLAIM TOTALS		443.00	256.43	98.03	0.00		186.57	158.40
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	158.40
STATUS CODE 1: Processed as Primary											

NAME CHANG, ANNA			HIC 94790105900	ACNT 5493LMD642		ICN 436840867200	ASG Y	MOA			
1306898036	0326	032625	1 99214 25		219.00	0.00	0.00	0.00	CO-16	219.00	0.00
			REM: N769								
1306898036	0326	032625	1 G8420		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1 3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1 3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1 3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1 2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1 2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1 1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1 1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	1 1160F		0.00	0.00	0.00	0.00			0.00
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
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 1: Processed as Primary											

NAME TIMMER, PAMELA			HIC 94884785201	ACNT 5448LMD642		ICN 436710875500	ASG Y	MOA			
1013940584	0324	032425	1 99214		219.00	151.33	0.00	0.00	CO-45	67.67	131.33
									PR-3	20.00	
1013940584	0324	032425	1 3074F		0.00	0.00	0.00	0.00			0.00
1013940584	0324	032425	1 3078F		0.00	0.00	0.00	0.00			0.00
PT RESP	20.00		CLAIM TOTALS		219.00	151.33	0.00	0.00		87.67	131.33
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET	131.33
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
	25	3494.01	2782.94	352.40	0.00	856.07	2285.54	0.00	2285.54

## 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-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.

M76 Missing / incomplete / invalid diagnosis or condition.

N769 A lateral diagnosis is required.

PR-1 Deductible Amount

PR-3 Co-payment Amount

