

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 2  
DATE: 2025-04-03  
EFT #: 25083B1000026922  
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	DAMSTRA, STEVEN			HIC	94807250003	ACNT	3115LMD642			ICN	424539781500	ASG Y	MOA	
1306898036	1118	111824		-1	99397			-341.00	0.00	0.00	0.00	CO-16	-341.00	0.00
						REM: M76								
1306898036	1118	111824		-1	G8476			0.00	0.00	0.00	0.00			0.00
1306898036	1118	111824		-1	G8417			0.00	0.00	0.00	0.00			0.00
1306898036	1118	111824		-1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	1118	111824		-1	81000			-33.60	0.00	0.00	0.00	CO-97	-33.60	0.00
						REM: N19								
1306898036	1118	111824		-1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	1118	111824		-1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	1118	111824		-1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	1118	111824		-1	G0442	XU		-43.00	0.00	0.00	0.00	CO-16	-43.00	0.00
						REM: M51								
1306898036	1118	111824		-1	G0444	XU		-91.00	0.00	0.00	0.00	CO-16	-91.00	0.00
						REM: M51								
1306898036	1118	111824		-1	81003			-33.60	0.00	0.00	0.00	CO-97	-33.60	0.00
						REM: N19								
PT RESP	0.00				CLAIM	TOTALS		-542.20	0.00	0.00	0.00		-542.20	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	DAMSTRA, STEVEN			HIC	94807250003	ACNT	3115LMD642			ICN	426958401000	ASG Y	MOA	
1306898036	1118	111824		-1	99397			-341.00	0.00	0.00	0.00	CO-16	-341.00	0.00
						REM: M76								
1306898036	1118	111824		-1	G8476			0.00	0.00	0.00	0.00			0.00
1306898036	1118	111824		-1	G8417			0.00	0.00	0.00	0.00			0.00
1306898036	1118	111824		-1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	1118	111824		-1	81000			-33.60	0.00	0.00	0.00	CO-97	-33.60	0.00
						REM: N19								
1306898036	1118	111824		-1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	1118	111824		-1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	1118	111824		-1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	1118	111824		-1	G0442	XU		-43.00	0.00	0.00	0.00	CO-16	-43.00	0.00
						REM: M51								
1306898036	1118	111824		-1	G0444	XU		-91.00	0.00	0.00	0.00	CO-16	-91.00	0.00
						REM: M51								
1306898036	1118	111824		-1	81003			-33.60	0.00	0.00	0.00	CO-97	-33.60	0.00
						REM: N19								
PT RESP	0.00				CLAIM	TOTALS		-542.20	0.00	0.00	0.00		-542.20	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	DAMSTRA, STEVEN			HIC	94807250003	ACNT	3115LMD642			ICN	435210135600	ASG Y	MOA	
1306898036	1118	111824		1	99397	25		341.00	181.34	0.00	0.00	CO-45	159.66	181.34
1306898036	1118	111824		1	81000			33.60	0.00	0.00	0.00	CO-97	33.60	0.00
						REM: N19								
1306898036	1118	111824		1	81003			33.60	0.00	0.00	0.00	CO-97	33.60	0.00
						REM: N19								
1306898036	1118	111824		1	G0442	XU		43.00	0.00	0.00	0.00	CO-16	43.00	0.00
						REM: M51								
1306898036	1118	111824		1	G0444	XU		91.00	0.00	0.00	0.00	CO-16	91.00	0.00
						REM: M51								
1306898036	1118	111824		1	G8476			0.00	0.00	0.00	0.00			0.00
1306898036	1118	111824		1	G8417			0.00	0.00	0.00	0.00			0.00
1306898036	1118	111824		1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	1118	111824		1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	1118	111824		1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	1118	111824		1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		542.20	181.34	0.00	0.00		360.86	181.34
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	181.34
STATUS CODE 1: Processed as Primary														



PRIORITY HEALTH

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TIMOTHY J TOBOLIC MD PLLC [900068405]  
PAGE #: 2 of 2

REMITTANCE  
ADVICE  
DATE: 2025-04-03

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	-542.20	181.34	0.00	0.00	-723.54	181.34	0.00	181.34

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

M51 Missing / incomplete / invalid procedure code(s).

M76 Missing / incomplete / invalid diagnosis or condition.

N19 Procedure code incidental to primary procedure.

