

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: 2025-03-06
EFT #: 25061B1000097252
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ADAMCZYK, ALICIA			HIC 94981205301	ACNT	5007LMD642	ICN 435530833300		ASG Y	MOA		
1306898036	0226	022625	1 99396			327.00	171.02	0.00	0.00	CO-45	171.02
1306898036	0226	022625	1 36415			20.00	15.09	0.00	0.00	CO-45	15.09
1306898036	0226	022625	1 G0442	XU		30.00	0.00	0.00	0.00	CO-16	0.00
			REM: M51								
1306898036	0226	022625	1 G0444	33		29.45	0.00	0.00	0.00	CO-16	0.00
			REM: M51								
1306898036	0226	022625	1 G8420			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1 G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1 G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			406.45	186.11	0.00	0.00		
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	186.11
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 1: Processed as Primary											

NAME BATT, DAVID			HIC 94983028104	ACNT	4710LMD642	ICN 434715864100		ASG Y	MOA		
1306898036	0210	021025	1 99213			146.00	107.30	0.00	0.00	CO-45	87.30
								PR-3	20.00		
1306898036	0210	021025	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0210	021025	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0210	021025	1 G8427			0.00	0.00	0.00	0.00		0.00
1306898036	0210	021025	1 3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0210	021025	1 2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0210	021025	1 2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0210	021025	1 1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0210	021025	1 1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0210	021025	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	20.00		CLAIM TOTALS			146.00	107.30	0.00	0.00		
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	87.30
STATUS CODE 1: Processed as Primary											

NAME DOANE, DEBBIE			HIC 94805320400	ACNT	4925LMD642	ICN 435291595200		ASG Y	MOA		
1306898036	0221	022125	1 99214			219.00	151.33	0.00	0.00	CO-45	151.33
1306898036	0221	022125	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0221	022125	1 3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			219.00	151.33	0.00	0.00		
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	151.33
STATUS CODE 1: Processed as Primary											

NAME FLIER, TRENT			HIC 94854170700	ACNT	5005LMD642	ICN 435530833200		ASG Y	MOA		
1306898036	0226	022625	1 99495			318.00	292.87	0.00	0.00	CO-45	262.87
								PR-3	30.00		
1306898036	0226	022625	1 0513F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1 G8427			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1 3077F			0.00	0.00	0.00	0.00		0.00
1306898036	0226	022625	1 3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	30.00		CLAIM TOTALS			318.00	292.87	0.00	0.00		
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	262.87
STATUS CODE 1: Processed as Primary											

NAME GODLEY, JACQUELYN			HIC 94711087500	ACNT	5014LMD642	ICN 435530834300		ASG Y	MOA		
1306898036	0226	022625	1 98966			25.18	0.00	0.00	0.00	CO-96	0.00
			REM: N448								
PT RESP	0.00		CLAIM TOTALS			25.18	0.00	0.00	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											



PRIORITY HEALTH

NPI #: 1982923660
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PAGE #: 2 of 6REMITTANCE
ADVICE
DATE: 2025-03-06

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KUIPER, JOSHUA			HIC 94965949100		ACNT	4147LMD642	ICN 427569313500		ASG Y		MOA	
1306898036	0115	011525	1	95117			37.00	17.50	17.50	0.00	CO-45	19.50 0.00
PT RESP			17.50	CLAIM TOTALS			37.00	17.50	17.50	0.00		19.50 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	4927LMD642	ICN 435291596200		ASG Y		MOA	
1306898036	0219	021925	1	95117			37.00	17.50	17.50	0.00	CO-45	19.50 0.00
PT RESP			17.50	CLAIM TOTALS			37.00	17.50	17.50	0.00		19.50 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 LAURENT, TIMOTHY			HIC 94947977900		ACNT	4151LMD642	ICN 427247303200		ASG Y		MOA	
1306898036	0115	011525	-1	G2211			-25.00	0.00	0.00	0.00	CO-97	-25.00 0.00
1306898036	0115	011525	-1	90656			-35.00	-22.35	0.00	0.00	CO-45	-12.65 -22.35
1306898036	0115	011525	-1	90471			-41.00	-28.11	0.00	0.00	CO-45	-12.89 -28.11
1306898036	0115	011525	-1	G0442			-43.00	0.00	0.00	0.00	CO-97	-43.00 0.00
			REM: N19									
1306898036	0115	011525	-1	G0444			-91.00	0.00	0.00	0.00	CO-97	-91.00 0.00
			REM: N19									
1306898036	0115	011525	-1	36415			-15.00	-15.00	0.00	0.00		-15.00
1306898036	0115	011525	-1	G8417			0.00	0.00	0.00	0.00		0.00
1306898036	0115	011525	-1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0115	011525	-1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0115	011525	-1	G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0115	011525	-1	99396	25		0.00	0.00	0.00	0.00		0.00
PT RESP			0.00	CLAIM TOTALS			-250.00	-65.46	0.00	0.00		-184.54 -65.46
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET -65.46
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 22: Reversal of Previous Payment												

NAME LAURENT, TIMOTHY			HIC 94947977900		ACNT	4151LMD642	ICN 434190875800		ASG Y		MOA	
1306898036	0115	011525	1	G2211			25.00	0.00	0.00	0.00	CO-97	25.00 0.00
1306898036	0115	011525	1	90656			35.00	22.35	0.00	0.00	CO-45	12.65 22.35
1306898036	0115	011525	1	90471			41.00	28.11	0.00	0.00	CO-45	12.89 28.11
1306898036	0115	011525	1	G0442	XU		43.00	0.00	0.00	0.00	CO-16	43.00 0.00
			REM: M51									
1306898036	0115	011525	1	G0444	XU		91.00	0.00	0.00	0.00	CO-16	91.00 0.00
			REM: M51									
1306898036	0115	011525	1	36415			15.00	15.00	0.00	0.00		15.00
1306898036	0115	011525	1	G8417			0.00	0.00	0.00	0.00		0.00
1306898036	0115	011525	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0115	011525	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0115	011525	1	G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0115	011525	1	99396	25		327.00	171.02	0.00	0.00	CO-45	155.98 171.02
PT RESP			0.00	CLAIM TOTALS			577.00	236.48	0.00	0.00		340.52 236.48
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET 236.48
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												

NAME RADLER, ANDREW			HIC 94953467700		ACNT	4956LMD642	ICN 435437910400		ASG Y		MOA	
1306898036	0224	022425	1	99213			146.00	107.30	0.00	0.00	CO-45	38.70 87.30
											PR-3	20.00
1306898036	0224	022425	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0224	022425	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP			20.00	CLAIM TOTALS			146.00	107.30	0.00	0.00		58.70 87.30
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET 87.30
STATUS CODE 1: Processed as Primary												



PRIORITY HEALTH

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TIMOTHY J TOBOLIC MD PLLC [900068405]
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REMITTANCE
ADVISE
DATE: 2025-03-06

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME TIMMER, SUZANNE			HIC	94980954100	ACNT	3237LMD642	ICN 434190866900		ASG Y	MOA		
1306898036	1122	112224	40	J1010			40.00	0.00	0.00	0.00	CO-16	40.00 0.00
						REM: N152						
1306898036	1122	112224	1	96372			45.00	0.00	0.00	0.00	CO-16	45.00 0.00
						REM: N152						
1306898036	1122	112224	1	20610	RT		155.00	0.00	0.00	0.00	CO-16	155.00 0.00
						REM: N152						
1306898036	1122	112224	1	3078F			0.00	0.00	0.00	0.00		0.00
1306898036	1122	112224	1	G8417			0.00	0.00	0.00	0.00		0.00
1306898036	1122	112224	1	3074F			0.00	0.00	0.00	0.00		0.00
1306898036	1122	112224	1	99214	25		247.32	0.00	0.00	0.00	CO-16	247.32 0.00
						REM: N152						
PT RESP		0.00	CLAIM TOTALS				487.32	0.00	0.00	0.00		487.32 0.00
ADJ TO TOTAL: PREV PD			INTEREST				0.00		LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												

NAME DEWEERD, JARED			HIC	94912016300	ACNT	4150LMD642	ICN 427247302900		ASG Y	MOA		
1013940584	0115	011525	-1	99214	25		-219.00	-151.33	-151.33	0.00	CO-45	-67.67 0.00
1013940584	0115	011525	-1	90471			-41.00	-28.11	0.00	0.00	CO-45	-28.11
1013940584	0115	011525	-1	36415			-15.00	-15.00	0.00	0.00		-15.00
1013940584	0115	011525	-1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	-1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	-1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	-1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	-1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	-1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	-1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	-1	90715			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	-1	99385			-341.00	0.00	0.00	0.00	CO-A1	-341.00 0.00
						REM: M15						
1013940584	0115	011525	11	99385			-341.00	0.00	0.00	0.00	OA-97	-341.00 0.00
PT RESP		0.00	CLAIM TOTALS				-957.00	-194.44	-151.33	0.00		-762.56 -43.11
ADJ TO TOTAL: PREV PD			INTEREST				0.00		LATE FILING CHARGE		0.00	NET -43.11
PLAN TYPE: WEST MI PARTNERS												
STATUS CODE 22: Reversal of Previous Payment												

NAME DEWEERD, JARED			HIC	94912016300	ACNT	4150LMD642	ICN 434234949300		ASG Y	MOA		
1013940584	0115	011525	1	99395	25		297.00	160.87	0.00	0.00	CO-45	136.13 160.87
1013940584	0115	011525	1	36415			15.00	15.00	0.00	0.00		15.00
1013940584	0115	011525	1	90715			87.00	53.60	0.00	0.00	CO-45	33.40 53.60
1013940584	0115	011525	1	90471			41.00	28.11	0.00	0.00	CO-45	12.89 28.11
1013940584	0115	011525	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0115	011525	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS				440.00	257.58	0.00	0.00		182.42 257.58
ADJ TO TOTAL: PREV PD			INTEREST				0.00		LATE FILING CHARGE		0.00	NET 257.58
PLAN TYPE: WEST MI PARTNERS												
STATUS CODE 1: Processed as Primary												

NAME DIEKEVERS, KIM			HIC	94909008500	ACNT	4932LMD642	ICN 435291597400		ASG Y	MOA		
1013940584	0221	022125	1	99396	25		0.00	0.00	0.00	0.00		0.00
1013940584	0221	022125	1	96127	XU		40.00	9.34	0.00	0.00	CO-45	30.66 9.34
1013940584	0221	022125	1	96127	XU		40.00	9.34	0.00	0.00	CO-45	30.66 9.34
1013940584	0221	022125	1	36415			20.00	15.09	0.00	0.00	CO-45	4.91 15.09
1013940584	0221	022125	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0221	022125	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0221	022125	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0221	022125	1	G8510			0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS				100.00	33.77	0.00	0.00		66.23 33.77
ADJ TO TOTAL: PREV PD			INTEREST				0.00		LATE FILING CHARGE		0.00	NET 33.77
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												



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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KOPERSKI, JEFFREY			HIC	94967411600	ACNT	4968LMD642	ICN 435437914600		ASG Y	MOA		
1013940584	0224	022425	1	99213			146.00	107.30	107.30	0.00	CO-45	38.70 0.00
1013940584	0224	022425	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP		107.30	CLAIM TOTALS				146.00	107.30	107.30	0.00		38.70 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 KOSTERS, SHIELA			HIC	94914669300	ACNT	4994LMD642	ICN 435489916400		ASG Y	MOA		
1013940584	1009	100924	1	83036 QW			60.90	10.72	0.00	0.00	CO-45	50.18 10.72
1013940584	1009	100924	1	3051F			0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS				60.90	10.72	0.00	0.00		50.18 10.72
ADJ TO TOTAL: PREV PD			INTEREST				0.00	LATE FILING CHARGE		0.00	NET	10.72
STATUS CODE 1: Processed as Primary												

NAME REGTS, GERALD			HIC	94889427200	ACNT	4965LMD642	ICN 435437913900		ASG Y	MOA		
1013940584	0224	022425	1	99213			146.00	107.30	0.00	0.00	CO-45 PR-3	38.70 87.30
1013940584	0224	022425	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0224	022425	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP		20.00	CLAIM TOTALS				146.00	107.30	0.00	0.00		58.70 87.30
ADJ TO TOTAL: PREV PD			INTEREST				0.00	LATE FILING CHARGE		0.00	NET	87.30
STATUS CODE 1: Processed as Primary												

NAME VANDERKAM, JEFFREY			HIC	94909207001	ACNT	3602LMD642	ICN 426345360500		ASG Y	MOA		
INSURED NAME: VANDERKAM, JEFF												
1013940584	1216	121624	-1	99396 25			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	-1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	-1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	-1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	-1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	-1	1036F			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	-1	36415			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	-1	96127 XU			-40.00	-9.34	0.00	0.00	CO-45	-30.66 -9.34
1013940584	1216	121624	-1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	-1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	-1	96127 XU			-40.00	-9.34	0.00	0.00	CO-45	-30.66 -9.34
PT RESP		0.00	CLAIM TOTALS				-80.00	-18.68	0.00	0.00		-61.32 -18.68
ADJ TO TOTAL: PREV PD			INTEREST				0.00	LATE FILING CHARGE		0.00	NET	-18.68
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 22: Reversal of Previous Payment												

NAME VANDERKAM, JEFFREY			HIC	94909207001	ACNT	3602LMD642	ICN 434190871100		ASG Y	MOA		
INSURED NAME: VANDERKAM, JEFF												
1013940584	1216	121624	1	99396 25			327.00	168.04	0.00	0.00	CO-45	158.96 168.04
1013940584	1216	121624	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	1	1036F			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	1	36415			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	1	96127 XU			40.00	9.34	0.00	0.00	CO-45	30.66 9.34
1013940584	1216	121624	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	1	96127 XU			40.00	9.34	0.00	0.00	CO-45	30.66 9.34
PT RESP		0.00	CLAIM TOTALS				407.00	186.72	0.00	0.00		220.28 186.72
ADJ TO TOTAL: PREV PD			INTEREST				0.00	LATE FILING CHARGE		0.00	NET	186.72
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25061B1000097252TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 5 of 6REMITTANCE
ADVICE
DATE: 2025-03-06

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WALDO, SUZANNE			HIC	94909220400	ACNT	5017LMD642	ICN 435530834400		ASG Y	MOA		
1013940584	0226	022625	1	99396			327.00	171.02	0.00	0.00	CO-45	171.02
1013940584	0226	022625	1	36415			20.00	15.09	0.00	0.00	CO-45	15.09
1013940584	0226	022625	1	G0442	XU		30.00	0.00	0.00	0.00	CO-16	0.00
REM: M51												
1013940584	0226	022625	1	G0444	33		29.45	0.00	0.00	0.00	CO-16	0.00
REM: M51												
1013940584	0226	022625	1	0513F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	G9621			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	G8431			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0226	022625	1	G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		406.45	186.11	0.00	0.00		
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE	0.00	NET	186.11
PLAN TYPE: MY PRIORITY HMO												
STATUS CODE 1: Processed as Primary												

NAME WITTKOPP, GINA			HIC	94960875901	ACNT	5029LMD642	ICN 435562160600		ASG Y	MOA		
1013940584	0227	022725	1	99213	25		146.00	107.30	0.00	0.00	CO-45	87.30
PR-3												
1013940584	0227	022725	1	G0444	XU		29.45	0.00	0.00	0.00	CO-16	0.00
REM: M51												
1013940584	0227	022725	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	20.00				CLAIM TOTALS		175.45	107.30	0.00	0.00		
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE	0.00	NET	87.30
STATUS CODE 1: Processed as Primary												

NAME WYCHERS, PRESTON			HIC	94890348803	ACNT	3143LMD642	ICN 434190865900		ASG Y	MOA		
1013940584	1118	111824	1	99395	25		297.00	0.00	0.00	0.00	CO-22	0.00
REM: N36												
1013940584	1118	111824	1	96127	XU		40.00	0.00	0.00	0.00	CO-22	0.00
REM: N36												
1013940584	1118	111824	1	96127	XU		40.00	0.00	0.00	0.00	CO-22	0.00
REM: N36												
1013940584	1118	111824	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	1118	111824	1	2000F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		377.00	0.00	0.00	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 CORPE, JODI			HIC	94775869200	ACNT	4987LMD642	ICN 435489914800		ASG Y	MOA		
1013940584	0225	022525	1	99213			146.00	0.00	0.00	0.00	CO-16	0.00
REM: N769												
1013940584	0225	022525	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	1	3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		146.00	0.00	0.00	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												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	23	3516.75	1834.61	-9.03	0.00	1792.14	1733.64	0.00	1733.64



PRIORITY HEALTH

NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC [900068405]

REMITTANCE

EFT #: 25061B1000097252 PAGE #: 6 of 6

ADVICE

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES DATE: 2025-03-06

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

CO-22 Payment adjusted because this care may be covered by another payer per coordination of benefits.

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-96 Non-covered charge(s).

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-A1 Claim / Service denied.

M15 Separately billed services / tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

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

N152 Missing / incomplete / invalid replacement claim information.

N19 Procedure code incidental to primary procedure.

N36 Claim must meet primary payer's processing requirements before we can consider payment.

N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement

N769 A lateral diagnosis is required.

OA-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

PR-1 Deductible Amount

PR-3 Co-payment Amount

