

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: 2025-06-05
EFT #: 25152B1000082325
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME KUIPER, JOSHUA			HIC 94965949100	ACNT 6683LMD642	ICN 446342877100		ASG Y	MOA				
1306898036	0529	052925	3 95117			111.00	17.65	17.65	0.00	CO-96	74.00	0.00
				REM: N640						CO-45	19.35	
PT RESP	17.65			CLAIM TOTALS		111.00	17.65	17.65	0.00		93.35	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 NGUYEN, THANG			HIC 94957631600	ACNT 6063LMD642	ICN 444843492600		ASG Y	MOA				
1306898036	0425	042525	-1 99214 25			-219.00	-152.63	0.00	0.00	CO-45	-66.37	-102.63
										PR-3	-50.00	
1306898036	0425	042525	-1 G0446 XU			-65.00	-31.26	0.00	0.00	CO-45	-33.74	-31.26
1306898036	0425	042525	-1 3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	-1 3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	-1 G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	-1 G8427			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	-1 3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	-1 2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	-1 2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	-1 1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	-1 1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	-1 1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM TOTALS		-284.00	-183.89	0.00	0.00		-150.11	-133.89
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET	-133.89
STATUS CODE 22: Reversal of Previous Payment												

NAME NGUYEN, THANG			HIC 94957631600	ACNT 6063LMD642	ICN 444962800400		ASG Y	MOA				
1306898036	0425	042525	1 99214 25			219.00	152.63	0.00	0.00	CO-45	66.37	102.63
										PR-3	50.00	
1306898036	0425	042525	1 99401 33			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1 G0446 XU			65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1306898036	0425	042525	1 3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1 3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1 G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1 G8427			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1 3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1 2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1 2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1 1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1 1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	1 1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	50.00			CLAIM TOTALS		284.00	183.89	0.00	0.00		150.11	133.89
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET	133.89
STATUS CODE 1: Processed as Primary												

NAME KAREL, ASHLYN			HIC 94727711902	ACNT 3535LMD642	ICN 446284582300		ASG Y	MOA				
1013940584	1212	121224	1 82962			15.00	3.70	0.00	0.00	CO-45	11.30	3.70
1013940584	1212	121224	1 83036 QW			60.90	10.72	0.00	0.00	CO-45	50.18	10.72
1013940584	1212	121224	1 81001 QW			43.05	0.00	0.00	0.00	OA-18	43.05	0.00
1013940584	1212	121224	1 3046F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM TOTALS		118.95	14.42	0.00	0.00		104.53	14.42
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET	14.42
STATUS CODE 1: Processed as Primary												

NAME KUIPER, JOSHUA			HIC 94965949100	ACNT 6624LMD642	ICN 446127273100		ASG Y	MOA				
1306898036	1018	101824	1 90656			35.00	22.35	0.00	0.00	CO-45	12.65	22.35
1306898036	1018	101824	1 90472			20.00	0.00	0.00	0.00	CO-97	20.00	0.00
				REM: N122								
PT RESP	0.00			CLAIM TOTALS		55.00	22.35	0.00	0.00		32.65	22.35
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET	22.35
PLAN TYPE: COREWELL HEALTH EMP GRP												
STATUS CODE 1: Processed as Primary												



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TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	5	284.95	54.42	17.65	0.00	230.53	36.77	0.00	36.77

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

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
N122 Add-on code cannot be billed by itself.
N640 Exceeds number / frequency approved / allowed within time period.
OA-18 Duplicate claim / service.
PR-1 Deductible Amount
PR-3 Co-payment Amount

