

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 4  
DATE: 2025-03-27  
EFT #: 25082B1000098146  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME FLIER, JOEL			HIC 94840278700	ACNT	5085LMD642			ICN 435871517600	ASG Y	MOA	
1306898036	0304	030425	1 36415			20.00	15.09	0.00	0.00	CO-45	15.09
PT RESP	0.00		CLAIM TOTALS			20.00	15.09	0.00	0.00		15.09
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	15.09
PLAN TYPE: WEST MI PARTNERS										NET	
STATUS CODE 1: Processed as Primary											
NAME JACKSON, ARNELDA			HIC 94921051201	ACNT	5390LMD642			ICN 436535458000	ASG Y	MOA	
1306898036	0319	031925	1 99396 25			327.00	171.02	0.00	0.00	CO-45	171.02
1306898036	0319	031925	1 G0136 33			34.80	26.87	0.00	0.00	CO-45	26.87
1306898036	0319	031925	1 96127 XU			40.00	9.34	0.00	0.00	CO-45	9.34
1306898036	0319	031925	1 96160 XU			5.30	5.30	0.00	0.00		5.30
1306898036	0319	031925	1 90715			87.00	53.60	0.00	0.00	CO-45	53.60
1306898036	0319	031925	1 90471			41.00	28.11	0.00	0.00	CO-45	28.11
1306898036	0319	031925	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	1 G8510			0.00	0.00	0.00	0.00		0.00
1306898036	0319	031925	1 G9622			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			535.10	294.24	0.00	0.00		294.24
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	294.24
STATUS CODE 1: Processed as Primary										NET	
NAME MCNAMARA, MICHAEL			HIC 94859679300	ACNT	5094LMD642			ICN 435871518000	ASG Y	MOA	
1306898036	0304	030425	1 99396			327.00	171.02	0.00	0.00	CO-45	171.02
1306898036	0304	030425	1 G0442 XU			30.00	0.00	0.00	0.00	CO-16	0.00
			REM: M51								
1306898036	0304	030425	1 G0444 33			29.45	0.00	0.00	0.00	CO-16	0.00
			REM: M51								
1306898036	0304	030425	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	1 3078F			0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	1 G9622			0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	1 G0537			34.80	24.60	0.00	0.00	CO-45	24.60
1306898036	0304	030425	1 G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00		CLAIM TOTALS			421.25	195.62	0.00	0.00		195.62
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	195.62
PLAN TYPE: WEST MI PARTNERS										NET	
STATUS CODE 1: Processed as Primary											
NAME NGUYEN, NALY			HIC 94957631601	ACNT	5273LMD642			ICN 436284326000	ASG Y	MOA	
1306898036	0314	031425	1 99214			219.00	151.33	0.00	0.00	CO-45	101.33
										PR-3	
1306898036	0314	031425	1 G2211			25.00	0.00	0.00	0.00	CO-97	0.00
1306898036	0314	031425	1 3074F			0.00	0.00	0.00	0.00		0.00
1306898036	0314	031425	1 3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	50.00		CLAIM TOTALS			244.00	151.33	0.00	0.00		101.33
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	101.33
STATUS CODE 1: Processed as Primary										NET	



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NPI #: 1982923660  
EFT #: 25082B1000098146TIMOTHY J TOBOLIC MD PLLC [900068405]  
PAGE #: 2 of 4REMITTANCE  
ADVICE  
DATE: 2025-03-27

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BRINK, MICHAEL			HIC	94723986800	ACNT	5363LMD642	ICN 436535451900		ASG Y	MOA		
1013940584	0318	031825	1	99396			327.00	171.02	0.00	0.00	CO-45	171.02
1013940584	0318	031825	1	99213	25		146.00	107.30	0.00	0.00	CO-45	87.30
											PR-3	20.00
1013940584	0318	031825	1	G0136	33		34.80	26.87	0.00	0.00	CO-45	26.87
1013940584	0318	031825	1	81003			33.60	2.45	0.00	0.00	CO-45	2.45
1013940584	0318	031825	1	36415			20.00	15.09	0.00	0.00	CO-45	15.09
1013940584	0318	031825	1	96127	XU		40.00	9.34	0.00	0.00	CO-45	9.34
1013940584	0318	031825	1	96160	XU		5.30	5.30	0.00	0.00		5.30
1013940584	0318	031825	1	G0447	XU		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	99401	33		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	G9621			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	G8510			0.00	0.00	0.00	0.00		0.00
PT RESP	20.00			CLAIM	TOTALS		606.70	337.37	0.00	0.00		317.37
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 317.37
STATUS CODE 1: Processed as Primary												

NAME GRANGER, ADRIENNE			HIC	94722390804	ACNT	5331LMD642	ICN 436398957900		ASG Y	MOA		
1013940584	1212	121224	1	99214	25		219.00	138.62	138.62	0.00	CO-45	0.00
1013940584	1212	121224	1	96127	XU		40.00	9.34	0.00	0.00	CO-45	9.34
1013940584	1212	121224	1	96160	XU		5.30	5.30	0.00	0.00		5.30
1013940584	1212	121224	1	36415			15.00	13.98	13.98	0.00	CO-45	0.00
1013940584	1212	121224	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	1212	121224	1	G8431			0.00	0.00	0.00	0.00		0.00
1013940584	1212	121224	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	1212	121224	1	3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	152.60			CLAIM	TOTALS		279.30	167.24	152.60	0.00		14.64
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 14.64
STATUS CODE 1: Processed as Primary												

NAME HALL, JESSICA			HIC	94830246301	ACNT	5265LMD642	ICN 436399838300		ASG Y	MOA		
1013940584	0314	031425	1	99395	25		297.00	0.00	0.00	0.00	CO-16	0.00
REM: N769												
1013940584	0314	031425	1	96127	XU		40.00	9.34	0.00	0.00	CO-45	9.34
1013940584	0314	031425	1	96127	XU		40.00	9.34	0.00	0.00	CO-45	9.34
1013940584	0314	031425	1	99401	33		40.00	40.00	0.00	0.00		40.00
1013940584	0314	031425	1	G0447	XU		61.88	30.99	0.00	0.00	CO-45	30.99
1013940584	0314	031425	1	G8417			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1	G9621			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1	1036F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM	TOTALS		478.88	89.67	0.00	0.00		89.67
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 89.67
STATUS CODE 1: Processed as Primary												

NAME KEENA, SCOTT			HIC	94805361300	ACNT	5405LMD642	ICN 436535460900		ASG Y	MOA		
1013940584	1223	122324	1	99214			219.00	138.62	0.00	0.00	CO-45	118.62
											PR-3	20.00
1013940584	1223	122324	1	3077F			0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1	3080F			0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	1223	122324	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	20.00			CLAIM	TOTALS		219.00	138.62	0.00	0.00		118.62
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 118.62
STATUS CODE 1: Processed as Primary												



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DATE: 2025-03-27

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MILLER, LAURA			HIC	94726009901	ACNT	5374LMD642	ICN 436490816600		ASG Y	MOA		
1013940584	0318	031825	1	99213	25		146.00	107.30	0.00	0.00	CO-45	87.30
PR-3 20.00												
1013940584	0318	031825	1	36415			20.00	15.09	0.00	0.00	CO-45	15.09
1013940584	0318	031825	1	82043	QW		14.70	5.95	0.00	0.00	CO-45	5.95
1013940584	0318	031825	1	82570	QW		17.85	5.60	0.00	0.00	CO-45	5.60
1013940584	0318	031825	1	G0446	XU		61.88	30.99	0.00	0.00	CO-45	30.99
1013940584	0318	031825	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	3060F			0.00	0.00	0.00	0.00		0.00
PT RESP	20.00		CLAIM TOTALS				260.43	164.93	0.00	0.00		144.93
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	144.93
STATUS CODE 1: Processed as Primary												

NAME PETERS, GREGORY			HIC	94975582900	ACNT	5307LMD642	ICN 436369413300		ASG Y	MOA		
1013940584	0314	031425	1	99214	25		219.00	151.33	0.00	30.27	CO-45	121.06
1013940584	0314	031425	1	81003			33.60	2.45	0.00	0.49	CO-45	1.96
1013940584	0314	031425	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1	3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	30.76		CLAIM TOTALS				252.60	153.78	0.00	30.76		123.02
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	123.02
STATUS CODE 1: Processed as Primary												

NAME SKALITZKY, ALAYANA			HIC	95000149503	ACNT	5312LMD642	ICN 436398952100		ASG Y	MOA		
INSURED NAME: SKALITZKY, ALAYANA												
1013940584	0109	010925	1	99214			241.68	151.33	0.00	0.00	CO-45	31.33
PR-3 120.00												
1013940584	0109	010925	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0109	010925	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0109	010925	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0109	010925	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0109	010925	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0109	010925	1	1160F			0.00	0.00	0.00	0.00		0.00
1013940584	0109	010925	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0109	010925	1	3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	120.00		CLAIM TOTALS				241.68	151.33	0.00	0.00		31.33
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	31.33
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												

NAME SKALITZKY, ALAYANA			HIC	95000149503	ACNT	5370LMD642	ICN 436490816100		ASG Y	MOA		
INSURED NAME: SKALITZKY, ALAYANA												
1013940584	0318	031825	1	99215			295.00	213.04	0.00	0.00	CO-45	178.04
PR-3 35.00												
1013940584	0318	031825	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	35.00		CLAIM TOTALS				295.00	213.04	0.00	0.00		178.04
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	178.04
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												



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TIMOTHY J TOBOLIC MD PLLC [900068405]  
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REMITTANCE  
ADVICE  
DATE: 2025-03-27

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME TIBBE, CRAIG			HIC	94715591700	ACNT	5303LMD642		ICN	436369411100	ASG Y	MOA
1013940584	1209	120924	1	99396	25	0.00	0.00	0.00	0.00		0.00
1013940584	1209	120924	1	36415		15.00	13.98	0.00	0.00	CO-45	13.98
1013940584	1209	120924	1	96127	XU	40.00	9.34	0.00	0.00	CO-45	9.34
1013940584	1209	120924	1	96160	XU	5.30	5.30	0.00	0.00		5.30
1013940584	1209	120924	1	81001		43.05	3.32	3.32	0.00	CO-45	0.00
1013940584	1209	120924	1	90656		35.00	22.35	0.00	0.00	CO-45	22.35
1013940584	1209	120924	1	90471		41.00	28.11	0.00	0.00	CO-45	28.11
1013940584	1209	120924	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	1209	120924	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	1209	120924	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	1209	120924	1	G9622		0.00	0.00	0.00	0.00		0.00
PT RESP 3.32			CLAIM TOTALS			179.35	82.40	3.32	0.00		
ADJ TO TOTAL: PREV PD			INTEREST			0.00					
PLAN TYPE: WEST MI PARTNERS											
STATUS CODE 1: Processed as Primary											

NAME	INSURED NAME	HIC	ACNT	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD		
NAME VANPUTTEN, DAVID		HIC	94964265700	ACNT	5354LMD642		ICN	436490815600	ASG Y	MOA	
INSURED NAME: VAN PUTTEN, DAVID											
1013940584	0227	022725	1	99396		327.00	171.02	0.00	0.00	CO-45	171.02
1013940584	0227	022725	1	99213	25	146.00	107.30	0.00	0.00	CO-45	87.30
										PR-3	20.00
1013940584	0227	022725	1	36415		20.00	15.09	0.00	0.00	CO-45	15.09
1013940584	0227	022725	1	99406		23.00	0.00	0.00	0.00	CO-97	0.00
										REM: N19	
1013940584	0227	022725	1	82043	QW	14.70	5.95	0.00	0.00	CO-45	5.95
1013940584	0227	022725	1	82570	QW	17.85	5.60	0.00	0.00	CO-45	5.60
1013940584	0227	022725	1	96127	XU	40.00	0.00	0.00	0.00	CO-97	0.00
										REM: N19	
1013940584	0227	022725	1	96160	XU	5.30	5.30	0.00	0.00		5.30
1013940584	0227	022725	1	0513F		0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	G9621		0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	3061F		0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP 20.00			CLAIM TOTALS			593.85	310.26	0.00	0.00		
ADJ TO TOTAL: PREV PD			INTEREST			0.00					
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 1: Processed as Primary											

NAME	HIC	ACNT	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK	
NAME ROCKHILL, BRIAN		HIC	94729637701	ACNT	5320LMD642		ICN	436490813400	ASG Y	MOA	
1306898036	0317	031725	1	99213	25	146.00	107.30	0.00	0.00	CO-45	107.30
1306898036	0317	031725	1	36415		20.00	15.09	15.09	0.00	CO-45	0.00
1306898036	0317	031725	1	G0447	XU	40.00	30.99	0.00	0.00	CO-45	30.99
1306898036	0317	031725	1	99401	33	40.00	40.00	0.00	0.00		40.00
1306898036	0317	031725	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0317	031725	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP 15.09			CLAIM TOTALS			246.00	193.38	15.09	0.00		
ADJ TO TOTAL: PREV PD			INTEREST			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
	15	4873.14	2658.30	171.01	30.76	2499.84	2171.53	0.00	2171.53

## 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).

N19 Procedure code incidental to primary procedure.

N769 A lateral diagnosis is required.

PR-1 Deductible Amount

PR-2 Coinsurance Amount

PR-3 Co-payment Amount

