

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: 2025-07-31
EFT #: 25208B1000428172
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME EARHART, KAYLEE			HIC 0084109027		ACNT 7620LMD642	ICN 455922397700		ASG Y		MOA	
1306898036	0723	072325	1	99214		219.00	110.16	0.00	0.00	CO-45	110.16
1306898036	0723	072325	1	G2211		25.00	0.00	0.00	0.00	CO-97	0.00
1306898036	0723	072325	1	0513F		0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	1	3075F		0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	1	3079F		0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			244.00	110.16	0.00	0.00		
ADJ TO TOTAL: PREV PD			INTEREST			0.00					
STATUS CODE 1: Processed as Primary											

NAME MUNDWILER, BRITTANY			HIC 1034428336		ACNT 6296LMD642	ICN 454726827900		ASG Y		MOA	
1306898036	0509	050925	1	99213 25		171.26	58.58	0.00	0.00	OA-23	58.58
1306898036	0509	050925	1	G2211		30.52	0.00	0.00	0.00	CO-97	0.00
1306898036	0509	050925	1	96372		26.50	9.16	0.00	0.00	OA-23	9.16
1306898036	0509	050925	1	G0447 XU		65.00	0.00	0.00	0.00	CO-96	0.00
REM: N174											
1306898036	0509	050925	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	1	1036F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	1	2010F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	1	1160F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	1	1003F		0.00	0.00	0.00	0.00		0.00
1306898036	0509	050925	1	1220F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			293.28	67.74	0.00	0.00		
ADJ TO TOTAL: PREV PD			INTEREST			0.00					
STATUS CODE 1: Processed as Primary											

NAME CHURCHILL, KELLY			HIC 0093590638		ACNT 7573LMD642	ICN 455861383100		ASG Y		MOA	
1013940584	0715	071525	1	36415		20.00	7.53	0.00	0.00	CO-45	7.53
PT RESP		0.00	CLAIM TOTALS			20.00	7.53	0.00	0.00		
ADJ TO TOTAL: PREV PD			INTEREST			0.00					
STATUS CODE 1: Processed as Primary											

NAME CHURCHILL, KELLY			HIC 0093590638		ACNT 7574LMD642	ICN 455861383400		ASG Y		MOA	
1013940584	0708	070825	1	36415		20.00	7.53	0.00	0.00	CO-45	7.53
PT RESP		0.00	CLAIM TOTALS			20.00	7.53	0.00	0.00		
ADJ TO TOTAL: PREV PD			INTEREST			0.00					
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REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	CHURCHILL, KELLY		HIC	0093590638	ACNT	7575LMD642		ICN	455861383500	ASG Y	MOA
1013940584	0701	070125	1	99213 25		146.00	78.28	0.00	0.00	CO-45	78.28
1013940584	0701	070125	1	36415		20.00	7.53	0.00	0.00	CO-45	7.53
1013940584	0701	070125	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0701	070125	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0701	070125	1	G8476		0.00	0.00	0.00	0.00		0.00
1013940584	0701	070125	1	G8427		0.00	0.00	0.00	0.00		0.00
1013940584	0701	070125	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0701	070125	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0701	070125	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0701	070125	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0701	070125	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0701	070125	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		166.00	85.81	0.00	0.00		85.81
ADJ TO TOTAL:	PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	85.81
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
	5	743.28	278.77	0.00	0.00	464.51	278.77	0.00	278.77

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
N174 This is not a covered service / procedure/ equipment / bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'.
OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

