

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 1  
 DATE: 2025-07-03  
 EFT #: 25173B1000355048  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME LAPHAM, RITA			HIC 94965154100	ACNT 6968LMD642		ICN 447563205800	ASG Y	MOA			
1013940584	0605	060525	1 99213 25			146.00	108.22	0.00	0.00	CO-45	68.22
										PR-3	37.78
										CO-45	40.00
1013940584	0605	060525	1 G0447 XU			65.00	31.26	0.00	0.00	CO-45	31.26
1013940584	0605	060525	1 99401 25			65.00	54.70	0.00	0.00	CO-45	54.70
1013940584	0605	060525	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0605	060525	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0605	060525	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0605	060525	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0605	060525	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0605	060525	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	40.00		CLAIM TOTALS			276.00	194.18	0.00	0.00		154.18
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE			0.00	121.82
STATUS CODE 1: Processed as Primary										NET	154.18

NAME LAPHAM, RITA			HIC 94965154100	ACNT 6969LMD642		ICN 447563206000	ASG Y	MOA			
1013940584	0613	061325	1 99214 25			219.00	152.63	0.00	0.00	CO-45	112.63
										PR-3	40.00
										CO-45	33.74
1013940584	0613	061325	1 G0446 XU			65.00	31.26	0.00	0.00		31.26
1013940584	0613	061325	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0613	061325	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0613	061325	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0613	061325	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0613	061325	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0613	061325	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	40.00		CLAIM TOTALS			284.00	183.89	0.00	0.00		143.89
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE			0.00	140.11
STATUS CODE 1: Processed as Primary										NET	143.89

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	560.00	378.07	0.00	0.00	261.93	298.07	0.00	298.07

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
 PR-3 Co-payment Amount

