

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: 2025-03-06  
 EFT #: 25047B1000356261  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HONDERD, KURT			HIC 94976602400	ACNT 4725LMD642				ICN 434850142200		ASG Y	MOA
1013940584	0207	020725	1 99214			219.00	144.12	0.00	0.00	CO-45 PR-3	74.88 20.00 124.12
1013940584	0207	020725	1 3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0207	020725	1 3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0207	020725	1 1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0207	020725	1 3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0207	020725	1 2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0207	020725	1 2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0207	020725	1 1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0207	020725	1 1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0207	020725	1 1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	20.00		CLAIM TOTALS			219.00	144.12	0.00	0.00		94.88 124.12
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE			0.00	NET 124.12
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
	1	219.00	144.12	0.00	0.00	94.88	124.12	0.00	124.12

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

