

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 5
DATE: 2025-07-17
EFT #: 25194B1000087821
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BATT, HALEY			HIC 94890016701	ACNT 7315LMD642		ICN 455146005100	ASG Y	MOA			
1306898036	0708	070825	1 99395	25	297.00	162.24	0.00	0.00	CO-45	134.76	162.24
1306898036	0708	070825	1 36415		20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1306898036	0708	070825	1 G0136	33	65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1306898036	0708	070825	2 96127	XU	80.00	18.85	0.00	0.00	CO-45	61.15	18.85
1306898036	0708	070825	1 G8420		0.00	0.00	0.00	0.00			0.00
1306898036	0708	070825	1 3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0708	070825	1 3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0708	070825	1 G8510		0.00	0.00	0.00	0.00			0.00
1306898036	0708	070825	1 G9622		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		CLAIM TOTALS			462.00	223.41	0.00	0.00	238.59	223.41
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	223.41
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 1: Processed as Primary											

NAME CONIGLIO, LEONARD			HIC 95000884501	ACNT 7387LMD642		ICN 455198180500	ASG Y	MOA			
1306898036	0711	071125	1 99214	25	219.00	152.63	0.00	0.00	CO-45	66.37	102.63
									PR-3	50.00	
1306898036	0711	071125	1 G0446	XU	65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1306898036	0711	071125	1 G0447	XU	65.00	31.26	0.00	0.00	CO-45	33.74	31.26
1306898036	0711	071125	1 99401	25	65.00	54.70	0.00	0.00	CO-45	10.30	54.70
1306898036	0711	071125	1 G2211		25.00	0.00	0.00	0.00	CO-97	25.00	0.00
1306898036	0711	071125	1 1036F		0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	1 3075F		0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	1 3079F		0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	1 3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	1 2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	1 2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	1 1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	1 1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0711	071125	1 1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	50.00		CLAIM TOTALS			439.00	269.85	0.00	0.00	219.15	219.85
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	219.85
STATUS CODE 1: Processed as Primary											

NAME ENDRES, LISA			HIC 94933270600	ACNT 7250LMD642		ICN 454936647500	ASG Y	MOA			
1306898036	0702	070225	1 99495		318.00	295.38	0.00	0.00	CO-45	22.62	270.38
									PR-3	25.00	
1306898036	0702	070225	1 G2211		25.00	0.00	0.00	0.00	CO-97	25.00	0.00
1306898036	0702	070225	1 3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0702	070225	1 3074F		0.00	0.00	0.00	0.00			0.00
PT RESP	25.00		CLAIM TOTALS			343.00	295.38	0.00	0.00	72.62	270.38
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	270.38
STATUS CODE 1: Processed as Primary											

NAME KUIPER, JOSHUA			HIC 94965949100	ACNT 7355LMD642		ICN 455146017400	ASG Y	MOA			
1306898036	0709	070925	3 95117		111.00	0.00	0.00	0.00	CO-16	111.00	0.00
REM: M76											
PT RESP	0.00		CLAIM TOTALS			111.00	0.00	0.00	0.00	111.00	0.00
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: COREWELL HEALTH EMP GRP											
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DATE: 2025-07-17

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KUIPER, REBEKAH			HIC 94991184201	ACNT 7385LMD642		ICN 455198179900	ASG Y	MOA			
1306898036	0711	071125	1	99396	25	327.00	172.48	0.00	0.00	CO-45	154.52 172.48
1306898036	0711	071125	1	G2211		25.00	0.00	0.00	0.00	CO-97	25.00 0.00
1306898036	0711	071125	1	G0136	33	65.00	27.10	0.00	0.00	CO-45	37.90 27.10
1306898036	0711	071125	2	96127	XU	80.00	18.85	0.00	0.00	CO-45	61.15 18.85
1306898036	0711	071125	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0711	071125	1	G8476		0.00	0.00	0.00	0.00		0.00
1306898036	0711	071125	1	G8420		0.00	0.00	0.00	0.00		0.00
1306898036	0711	071125	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0711	071125	1	G8427		0.00	0.00	0.00	0.00		0.00
1306898036	0711	071125	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0711	071125	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0711	071125	1	1036F		0.00	0.00	0.00	0.00		0.00
PT RESP 0.00			CLAIM TOTALS			497.00	218.43	0.00	0.00		278.57 218.43
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE		0.00	NET	218.43
PLAN TYPE: COREWELL HLTH WMI NTWK											
STATUS CODE 1: Processed as Primary											

NAME STURM, RUSSELL			HIC 94810783700	ACNT 7237LMD642		ICN 455095597200	ASG Y	MOA			
1306898036	0701	070125	1	11402		261.00	248.39	248.39	0.00	CO-45	12.61 0.00
1306898036	0701	070125	1	0513F		0.00	0.00	0.00	0.00		0.00
PT RESP 248.39			CLAIM TOTALS			261.00	248.39	248.39	0.00		12.61 0.00
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary											

NAME WESTOVER, MATTHEW			HIC 94832709401	ACNT 7348LMD642		ICN 455146016400	ASG Y	MOA			
1306898036	0709	070925	1	99386	25	388.00	207.34	0.00	0.00	CO-45	180.66 207.34
1306898036	0709	070925	1	36415		20.00	15.22	0.00	0.00	CO-45	4.78 15.22
1306898036	0709	070925	1	90715		87.00	55.15	0.00	0.00	CO-45	31.85 55.15
1306898036	0709	070925	1	90471		41.00	28.36	0.00	0.00	CO-45	12.64 28.36
1306898036	0709	070925	1	G0136	33	65.00	27.10	0.00	0.00	CO-45	37.90 27.10
1306898036	0709	070925	1	3075F		0.00	0.00	0.00	0.00		0.00
1306898036	0709	070925	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0709	070925	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0709	070925	1	1036F		0.00	0.00	0.00	0.00		0.00
1306898036	0709	070925	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP 0.00			CLAIM TOTALS			601.00	333.17	0.00	0.00		267.83 333.17
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE		0.00	NET	333.17
PLAN TYPE: COREWELL HEALTH EMP GRP											
STATUS CODE 1: Processed as Primary											

NAME EDWARDS, BRENDA			HIC 94958771701	ACNT 7308LMD642		ICN 455146003700	ASG Y	MOA			
1013940584	0708	070825	1	99396	25	327.00	172.48	0.00	0.00	CO-45	154.52 172.48
1013940584	0708	070825	1	G0136	33	65.00	27.10	0.00	0.00	CO-45	37.90 27.10
1013940584	0708	070825	1	G0442	XU	30.00	0.00	0.00	0.00	CO-16	30.00 0.00
1013940584 0708 070825			1	G0444	XU	29.45	0.00	0.00	0.00	CO-16	29.45 0.00
			REM: M51								
1013940584 0708 070825			1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584 0708 070825			1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584 0708 070825			1	36415		20.00	15.22	0.00	0.00	CO-45	4.78 15.22
1013940584 0708 070825			1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584 0708 070825			1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584 0708 070825			1	G8476		0.00	0.00	0.00	0.00		0.00
1013940584 0708 070825			1	G8427		0.00	0.00	0.00	0.00		0.00
1013940584 0708 070825			1	1036F		0.00	0.00	0.00	0.00		0.00
PT RESP 0.00			CLAIM TOTALS			471.45	214.80	0.00	0.00		256.65 214.80
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE		0.00	NET	214.80
PLAN TYPE: COREWELL HLTH WMI NTWK											
STATUS CODE 1: Processed as Primary											

NAME EDWARDS, BRENDA			HIC 94958771701	ACNT 7370LMD642		ICN 455146004700	ASG Y	MOA			
1013940584	0708	070825	1	99499		0.01	0.01	0.01	0.00		0.00
PT RESP 0.01			CLAIM TOTALS			0.01	0.01	0.01	0.00		0.00
ADJ TO TOTAL: PREV PD						0.00	LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: COREWELL HLTH WMI NTWK											
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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HUIZINGA, LUANN			HIC	94723854101	ACNT	7188LMD642	ICN 455191023000		ASG Y	MOA		
1013940584	0627	062725	1	99396	25		327.00	172.48	0.00	0.00	CO-45	172.48
1013940584	0627	062725	1	G0513			118.72	0.00	0.00	0.00	PR-96	0.00
REM: N174												
1013940584	0627	062725	1	36415			20.00	15.22	0.00	0.00	CO-45	15.22
1013940584	0627	062725	1	96127	XU		40.00	9.42	0.00	0.00	CO-45	9.42
1013940584	0627	062725	1	96127	XU		40.00	9.42	0.00	0.00	CO-45	9.42
1013940584	0627	062725	1	G0136	33		65.00	27.10	0.00	0.00	CO-45	27.10
1013940584	0627	062725	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0627	062725	1	G8420			0.00	0.00	0.00	0.00		0.00
1013940584	0627	062725	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0627	062725	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0627	062725	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0627	062725	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0627	062725	1	1036F			0.00	0.00	0.00	0.00		0.00
PT RESP	118.72				CLAIM TOTALS		610.72	233.64	0.00	0.00		233.64
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	233.64
STATUS CODE 1: Processed as Primary												

NAME KAREL, DAVID			HIC	94727711900	ACNT	7390LMD642	ICN 455198181000		ASG Y	MOA		
1013940584	0710	071025	1	99213			146.00	108.22	0.00	0.00	CO-45	88.22
											PR-3	20.00
1013940584	0710	071025	1	0513F			0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	1	3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0710	071025	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	20.00				CLAIM TOTALS		146.00	108.22	0.00	0.00		88.22
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	88.22
STATUS CODE 1: Processed as Primary												

NAME PRENATT, DEBRA			HIC	94970731800	ACNT	7383LMD642	ICN 455191025400		ASG Y	MOA		
1013940584	0711	071125	1	99213	25		146.00	108.22	0.00	0.00	CO-45	8.22
											PR-3	100.00
1013940584	0711	071125	1	81003			33.60	2.47	2.47	0.00	CO-45	0.00
1013940584	0711	071125	1	G8476			0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	1	3008F			0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	1	2001F			0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	1	2000F			0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	1	1000F			0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	1	1159F			0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	1	1160F			0.00	0.00	0.00	0.00		0.00
PT RESP	102.47				CLAIM TOTALS		179.60	110.69	2.47	0.00		8.22
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	8.22
PLAN TYPE: COREWELL HLTH WMI NTWK												
STATUS CODE 1: Processed as Primary												

NAME SCHUITEMA, DEBORAH			HIC	94920208300	ACNT	7280LMD642	ICN 454936647800		ASG Y	MOA		
1013940584	0106	010625	1	99214			219.00	151.33	0.00	0.00	CO-45	126.33
											PR-3	25.00
1013940584	0106	010625	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0106	010625	1	3078F			0.00	0.00	0.00	0.00		0.00
PT RESP	25.00				CLAIM TOTALS		219.00	151.33	0.00	0.00		126.33
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	126.33
STATUS CODE 1: Processed as Primary												

NAME SCHUITEMA, DEBORAH			HIC	94920208300	ACNT	7294LMD642	ICN 455095603800		ASG Y	MOA		
1013940584	0707	070725	1	99386	25		388.00	0.00	0.00	0.00	CO-B16	0.00
1013940584	0707	070725	1	G0136	33		65.00	27.10	0.00	0.00	CO-45	27.10
1013940584	0707	070725	1	36415			20.00	15.22	0.00	0.00	CO-45	15.22
1013940584	0707	070725	1	3074F			0.00	0.00	0.00	0.00		0.00
1013940584	0707	070725	1	3078F			0.00	0.00	0.00	0.00		0.00
1013940584	0707	070725	1	G9622			0.00	0.00	0.00	0.00		0.00
1013940584	0707	070725	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0707	070725	1	1036F			0.00	0.00	0.00	0.00		0.00
1013940584	0707	070725	1	G8476			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		473.00	42.32	0.00	0.00		42.32
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	42.32
STATUS CODE 1: Processed as Primary												



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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME SMITH, HOPE				HIC	94920898601	ACNT	7276LMD642	ICN 455095601200		ASG Y	MOA			
1013940584	0703	070325		1	99214			219.00	152.63	0.00	30.53	CO-45	66.37	122.10
1013940584	0703	070325		1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325		1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325		1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0703	070325		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP 30.53				CLAIM TOTALS				219.00	152.63	0.00	30.53		66.37	122.10
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	122.10
STATUS CODE 1: Processed as Primary														

NAME TROMP, GAYLE				HIC	94950315800	ACNT	7384LMD642	ICN 455198179300		ASG Y	MOA			
1013940584	0711	071125		1	99214 25			219.00	152.63	0.00	0.00	CO-45	66.37	117.63
												PR-3	35.00	
1013940584	0711	071125		1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1013940584	0711	071125		1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0711	071125		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0711	071125		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0711	071125		1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0711	071125		1	96127 XU			40.00	9.42	0.00	0.00	CO-45	30.58	9.42
1013940584	0711	071125		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0711	071125		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0711	071125		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0711	071125		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0711	071125		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0711	071125		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP 35.00				CLAIM TOTALS				279.00	177.27	0.00	0.00		136.73	142.27
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	142.27
PLAN TYPE: COREWELL HLTH WMI NTWK														
STATUS CODE 1: Processed as Primary														

NAME TROMP, STEVEN				HIC	94950315801	ACNT	7386LMD642	ICN 455198180100		ASG Y	MOA			
1013940584	0711	071125		1	99214 25			219.00	152.63	0.00	0.00	CO-45	66.37	117.63
												PR-3	35.00	
1013940584	0711	071125		1	36415			20.00	15.22	0.00	0.00	CO-45	4.78	15.22
1013940584	0711	071125		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0711	071125		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0711	071125		1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0711	071125		1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0711	071125		1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0711	071125		1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0711	071125		1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0711	071125		1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0711	071125		1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP 35.00				CLAIM TOTALS				239.00	167.85	0.00	0.00		106.15	132.85
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	132.85
PLAN TYPE: COREWELL HLTH WMI NTWK														
STATUS CODE 1: Processed as Primary														

NAME WESTRATE, MARK				HIC	94953901401	ACNT	7380LMD642	ICN 455191025000		ASG Y	MOA			
1013940584	0710	071025		1	99396 25			327.00	172.48	0.00	0.00	CO-45	154.52	172.48
1013940584	0710	071025		1	G0136 33			65.00	27.10	0.00	0.00	CO-45	37.90	27.10
1013940584	0710	071025		2	96127 XU			80.00	18.85	0.00	0.00	CO-45	61.15	18.85
1013940584	0710	071025		1	36415			20.00	15.22	15.22	0.00	CO-45	4.78	0.00
1013940584	0710	071025		1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0710	071025		1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0710	071025		1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0710	071025		1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0710	071025		1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0710	071025		1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP 15.22				CLAIM TOTALS				492.00	233.65	15.22	0.00		258.35	218.43
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	218.43
PLAN TYPE: MY PRIORITY HMO														
STATUS CODE 1: Processed as Primary														



PRIORITY HEALTH

NPI #: 1982923660
EFT #: 25194B1000087821

TIMOTHY J TOBOLIC MD PLLC [900068405]
PAGE #: 5 of 5

REMITTANCE
ADVICE
DATE: 2025-07-17

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WINGER, KELLY			HIC	94960704000	ACNT	7210LMD642		ICN	455038303000	ASG Y	MOA
1013940584	0630	063025	1	99396	25	327.00	172.48	0.00	0.00	CO-45	172.48
1013940584	0630	063025	1	36415		20.00	15.22	0.00	0.00	CO-45	15.22
1013940584	0630	063025	1	Q0091		40.00	0.00	0.00	0.00	CO-97	0.00
REM: N19											
1013940584	0630	063025	1	96127	XU	40.00	9.42	0.00	0.00	CO-45	9.42
1013940584	0630	063025	1	G0136		34.80	27.10	0.00	0.00	CO-45	27.10
1013940584	0630	063025	1	96127	XU	40.00	9.42	0.00	0.00	CO-45	9.42
1013940584	0630	063025	1	G8420		0.00	0.00	0.00	0.00		0.00
1013940584	0630	063025	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0630	063025	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0630	063025	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0630	063025	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0630	063025	1	1036F		0.00	0.00	0.00	0.00		0.00
1013940584	0630	063025	1	G8476		0.00	0.00	0.00	0.00		0.00
1013940584	0630	063025	1	G8427		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00			CLAIM TOTALS		501.80	233.64	0.00	0.00		
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET
PLAN TYPE: COREWELL HLTH WMI NTWK											233.64
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
	19	6544.58	3414.68	266.09	30.53	3419.90	2828.06	0.00	2828.06

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

CO-B16 Payment adjusted because 'New Patient' qualifications were not met.

M51 Missing / incomplete / invalid procedure code(s).

M76 Missing / incomplete / invalid diagnosis or condition.

N174 This is not a covered service / procedure/ equipment / bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'.

N19 Procedure code incidental to primary procedure.

PR-1 Deductible Amount

PR-2 Coinsurance Amount

PR-3 Co-payment Amount

PR-96 Non-covered charge(s).

