

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: 2025-07-10
 EFT #: 25180B1000363809
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME OOSTERHOUSE, CHARLES			HIC 94935373500	ACNT 6456LMD642				ICN 445959612200	ASG Y	MOA	
1013940584	0512	051225	-1 36415			-20.00	0.00	0.00	0.00	CO-16	-20.00 0.00
PT RESP 0.00 CLAIM TOTALS -20.00 0.00 0.00 0.00 -20.00 0.00											
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00											
STATUS CODE 22: Reversal of Previous Payment											
NAME OOSTERHOUSE, CHARLES			HIC 94935373500	ACNT 6456LMD642				ICN 446764060300	ASG Y	MOA	
1013940584	0512	051225	1 36415			20.00	15.22	0.00	0.00	CO-45	4.78 15.22
PT RESP	0.00		CLAIM TOTALS			20.00	15.22	0.00	0.00		4.78 15.22
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 15.22											
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		
	2	0.00	15.22	0.00	0.00	-15.22	15.22	0.00	15.22		

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.
 M76 Missing / incomplete / invalid diagnosis or condition.

