

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: 2025-04-10
 EFT #: 25096B1000364483
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	WOLTJER, JOEL		HIC	94889500200	ACNT	5256LMD642				ICN 436535447100	ASG Y MOA	
1013940584	0314	031425	-1	99396	25		-327.00	0.00	0.00	0.00	CO-16	-327.00 0.00
					REM: M76							
1013940584	0314	031425	-1	99406	33		-23.00	0.00	0.00	0.00	CO-16	-23.00 0.00
					REM: M76							
1013940584	0314	031425	-1	36415			-20.00	-15.09	0.00	0.00	CO-45	-4.91 -15.09
1013940584	0314	031425	-1	96160	XU		-5.30	-5.30	0.00	0.00		-5.30
1013940584	0314	031425	-1	96127	XU		-40.00	0.00	0.00	0.00	CO-97	-40.00 0.00
					REM: N19							
1013940584	0314	031425	-1	G8417			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	-1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	-1	3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	-1	G9621			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	-1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	-1	4004F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-415.30	-20.39	0.00	0.00		-394.91 -20.39
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	NET -20.39
STATUS CODE 22: Reversal of Previous Payment												

NAME	WOLTJER, JOEL		HIC	94889500200	ACNT	5256LMD642				ICN 436876862800	ASG Y MOA	
1013940584	0314	031425	1	99396	25		327.00	162.87	0.00	0.00	CO-45	164.13 162.87
1013940584	0314	031425	1	99406	33		23.00	19.77	0.00	0.00	CO-45	3.23 19.77
1013940584	0314	031425	1	36415			20.00	15.09	0.00	0.00	CO-45	4.91 15.09
1013940584	0314	031425	1	96160	XU		5.30	5.30	0.00	0.00		5.30
1013940584	0314	031425	1	96127	XU		40.00	0.00	0.00	0.00	CO-97	40.00 0.00
					REM: N19							
1013940584	0314	031425	1	G8417			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1	3075F			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1	3079F			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1	G9621			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1	G8510			0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	1	4004F			0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		415.30	203.03	0.00	0.00		212.27 203.03
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	NET 203.03
STATUS CODE 1: Processed as Primary												

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	2	0.00	182.64	0.00	0.00	-182.64	182.64	0.00	182.64

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
 M76 Missing / incomplete / invalid diagnosis or condition.
 N19 Procedure code incidental to primary procedure.

