

Blue Cross Complete of Michigan []  
PO Box 7355  
London, KY 40742

REMITTANCE  
ADVICE

TOBOLIC TIMOTHY MD  
7740 BYRON CENTER AVENUE  
  
BYRON CENTER, MI 49315

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-05-02  
NONPAY #: 274809493  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME	WEBSTER, BRANDON J				HIC 993241200	ACNT 5659LMD642				ICN 606130669700	ASG Y MOA		
1306898036	0404	040425	11	1	99213 25		146.00	0.00	0.00	0.00	CO-45	87.42	0.00
					REM: N521 N286 N381						CO-16	58.58	
1306898036	0404	040425	11	1	36415		20.00	0.00	0.00	0.00	CO-97	20.00	0.00
					REM: M15								
1306898036	0404	040425	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0404	040425	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0404	040425	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0404	040425	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0404	040425	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0404	040425	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0404	040425	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0404	040425	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS		166.00	0.00	0.00	0.00		166.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: 00049811													
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	166.00	0.00	0.00	0.00	166.00	0.00	0.00	0.00

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

M15 Separately billed services / tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

N286 Missing / incomplete / invalid referring provider primary identifier.

N381 Consult our contractual agreement for restrictions / billing / payment information related to these charges.

N521 Mismatch between the submitted provider information and the provider information stored in our system.

