

BCBSM []  
600 E LAFAYETTE  
DETROIT, MI 482262998  
(800)282-4548

REMITTANCE  
ADVICE

TIMOTHY J TOBOLIC MD PLLC  
  
BYRON CENTER, MI 493156928

NPI #: 1982923660  
PAGE #: 1 of 2  
DATE: 2025-03-28  
EFT #: 790078666  
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME DIEKELMANN, JIM A				HIC	X3LM68226190	ACNT	5378LMD642	ICN 26250791086900710		ASG	Y	MOA		
1013940584	0314	031425	11	1	99214	25		219.00	120.84	0.00	0.00	CO-253	2.42	118.42
												CO-45	98.16	
1013940584	0314	031425	11	1	G0446	XU		30.00	30.00	0.00	0.00	CO-253	0.60	29.40
1013940584	0314	031425	11	1	G2211			25.00	0.00	0.00	0.00	CO-16	25.00	0.00
REM: MA63														
1013940584	0314	031425	11	1	99406			23.00	0.00	0.00	0.00	CO-96	23.00	0.00
REM: N115														
1013940584	0314	031425	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0314	031425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0314	031425	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0314	031425	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0314	031425	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0314	031425	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0314	031425	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0314	031425	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		297.00	150.84	0.00	0.00		149.18	147.82
ADJ TO TOTAL: PREV PD								0.00		LATE FILING CHARGE		0.00	NET	147.82
STATUS CODE 1: Processed as Primary														

NAME KITLER, DAVID W				HIC	X3L910052465	ACNT	5284LMD642	ICN 26250771268200710		ASG	Y	MOA		
1013940584	0307	030725	11	1	99214	25		241.68	120.84	0.00	0.00	CO-253	2.42	118.42
												CO-45	120.84	
1013940584	0307	030725	11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
												CO-45	9.74	
1013940584	0307	030725	11	1	99406	33		23.00	0.00	0.00	0.00	CO-146	23.00	0.00
REM: M76														
1013940584	0307	030725	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0307	030725	11	1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		289.68	136.10	0.00	0.00		156.31	133.37
ADJ TO TOTAL: PREV PD								0.00		LATE FILING CHARGE		0.00	NET	133.37
STATUS CODE 1: Processed as Primary														

NAME KITLER, DAVID W				HIC	X3L910052465	ACNT	5281LMD642	ICN 26250771268300710		ASG	Y	MOA		
1013940584	0314	031425	11	1	99214	25		219.00	120.84	0.00	0.00	CO-253	2.42	118.42
												CO-45	98.16	
1013940584	0314	031425	11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
												CO-45	9.74	
1013940584	0314	031425	11	1	29580	RT		114.00	57.79	0.00	0.00	CO-253	1.16	56.63
												CO-45	56.21	
1013940584	0314	031425	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0314	031425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		358.00	193.89	0.00	0.00		168.00	190.00
ADJ TO TOTAL: PREV PD								0.00		LATE FILING CHARGE		0.00	NET	190.00
STATUS CODE 1: Processed as Primary														

NAME KITLER, DAVID W				HIC	X3L910052465	ACNT	5283LMD642	ICN 26250771268500710		ASG	Y	MOA		
1013940584	0228	022825	11	1	99214	25		219.00	120.84	0.00	0.00	CO-253	2.42	118.42
												CO-45	98.16	
1013940584	0228	022825	11	1	29580	RT		114.00	57.79	0.00	0.00	CO-253	1.16	56.63
												CO-45	56.21	
1013940584	0228	022825	11	1	99406	33		23.00	0.00	0.00	0.00	CO-146	23.00	0.00
REM: M76														
1013940584	0228	022825	11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
												CO-45	9.74	
1013940584	0228	022825	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0228	022825	11	1	3074F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		381.00	193.89	0.00	0.00		191.00	190.00
ADJ TO TOTAL: PREV PD								0.00		LATE FILING CHARGE		0.00	NET	190.00
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 KITLER, DAVID W HIC X3L910052465 ACNT 5282LMD642 ICN 26250771268900710 ASG Y MOA														
1013940584	0221	022125	11	1	99214	25		219.00	120.84	0.00	0.00	CO-253	2.42	118.42
												CO-45	98.16	
1013940584	0221	022125	11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
												CO-45	9.74	
1013940584	0221	022125	11	1	99406	33		23.00	0.00	0.00	0.00	CO-146	23.00	0.00
							REM: M76							
1013940584	0221	022125	11	1	29580	RT		114.00	57.79	0.00	0.00	CO-253	1.16	56.63
												CO-45	56.21	
1013940584	0221	022125	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0221	022125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00				CLAIM TOTALS		381.00	193.89	0.00	0.00		191.00	190.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	190.00
STATUS CODE 1: Processed as Primary														

NAME PARKER, BENJAMIN T HIC X3LM68621375 ACNT 5356LMD642 ICN 26250791087100710 ASG Y MOA														
1306898036	0318	031825	11	1	99214	25		219.00	120.84	0.00	0.00	CO-253	2.02	98.82
												CO-45	98.16	
												PR-3	20.00	
1306898036	0318	031825	11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
												CO-45	9.74	
1306898036	0318	031825	11	1	G0447	XU		0.00	0.00	0.00	0.00			0.00
1306898036	0318	031825	11	1	99401	XU		0.00	0.00	0.00	0.00			0.00
1306898036	0318	031825	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0318	031825	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0318	031825	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0318	031825	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0318	031825	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0318	031825	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0318	031825	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0318	031825	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		20.00				CLAIM TOTALS		244.00	136.10	0.00	0.00		130.23	113.77
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	113.77
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
	6	1950.68	1004.71	0.00	0.00	985.72	964.96	0.00	964.96

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-146 Payment denied because the diagnosis was invalid for the date(s) of service reported.

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

CO-253 Sequestration - reduction in federal spending

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-96 Non-covered charge(s).

M76 Missing / incomplete / invalid diagnosis or condition.

MA63 Missing / incomplete / invalid principal diagnosis.

N115 This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD).An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd>, or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.

PR-3 Co-payment Amount

