

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: 2025-05-21
EFT #: 742410096
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BIEBER, TODD D				HIC	R58629751		ACNT	6362LMD642		ICN 27251350230600710		ASG Y	MOA	
INSURED NAME: BIEBER, JULIE M														
1013940584	0513	051325	11	1	99214	25		219.00	71.56	0.00	0.00	CO-45	147.44	41.56
													PR-3	30.00
1013940584	0513	051325	11	1	G0447	XU		65.00	0.00	0.00	0.00	PR-204	65.00	0.00
1013940584	0513	051325	11	1	99401	25		65.00	61.25	0.00	0.00	CO-45	3.75	61.25
1013940584	0513	051325	11	1	36415			20.00	5.00	0.00	0.00	CO-45	15.00	5.00
1013940584	0513	051325	11	1	G0446	XU		65.00	0.00	0.00	0.00	PR-204	65.00	0.00
1013940584	0513	051325	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	2028F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	160.00				CLAIM	TOTALS		434.00	137.81	0.00	0.00		326.19	107.81
ADJ TO TOTAL: PREV PD						INTEREST		0.00	LATE FILING CHARGE			0.00	NET	107.81
STATUS CODE 1: Processed as Primary														

NAME VANDAM, CHERYL				HIC R51054808		ACNT 6007LMD642		ICN 27251323414300710				ASG Y	MOA	
INSURED NAME: VAN DAM JR, HENRY														
1306898036	0423	042325	11	1	99212	25	87.00	52.53	0.00	0.00	OA-23	34.47	52.53	
1306898036	0423	042325	11	1	81003		33.60	0.00	0.00	0.00	OA-136	33.60	0.00	
1306898036	0423	042325	11	1	G0447	XU	65.00	30.32	0.00	0.00	OA-23	65.00	0.00	
1306898036	0423	042325	11	1	99401	25	65.00	61.25	0.00	0.00	CO-45	3.75	61.25	
1306898036	0423	042325	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74	15.26	
1306898036	0423	042325	11	1	1036F		0.00	0.00	0.00	0.00			0.00	
1306898036	0423	042325	11	1	2000F		0.00	0.00	0.00	0.00			0.00	
PT RESP		0.00		CLAIM TOTALS			275.60	159.36	0.00	0.00		146.56	129.04	
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00		NET	129.04	
STATUS CODE 2: Processed as Secondary														

NAME VANDAM, HENRY R				HIC R51054808		ACNT 6015LMD642		ICN 27251323414600710				ASG Y	MOA		
INSURED NAME: VAN DAM JR, HENRY R															
1306898036	0423	042325	11	1	G0439			361.00	119.41	0.00	0.00	OA-23	361.00	0.00	
1306898036	0423	042325	11	1	99397	25		341.00	155.01	0.00	0.00	CO-45	185.99	155.01	
1306898036	0423	042325	11	1	99497	33		132.00	0.00	0.00	0.00	OA-23	132.00	0.00	
REM: N30 N130															
1306898036	0423	042325	11	1	G0557			94.10	0.00	0.00	0.00	OA-23	80.21	0.00	
REM: N130															
1306898036	0423	042325	11	1	G0136	XU		65.00	0.00	0.00	0.00	PR-204	13.89		
REM: N20															
1306898036	0423	042325	11	1	G0444	XU		65.00	0.00	0.00	0.00	CO-96	3.48	0.00	
1306898036	0423	042325	11	1	G2211			25.00	0.00	0.00	0.00	OA-23	61.52		
1306898036	0423	042325	11	1	82043	QW		14.70	5.66	0.00	0.00	OA-136	25.00	0.00	
1306898036	0423	042325	11	1	82570	QW		17.85	5.08	0.00	0.00	OA-23	14.70	0.00	
1306898036	0423	042325	11	1	G0444	XU		91.00	15.90	0.00	0.00	OA-23	17.85	0.00	
1306898036	0423	042325	11	1	G0442	XU		43.00	15.90	0.00	0.00	OA-23	91.00	0.00	
1306898036	0423	042325	11	1	36415			20.00	8.91	0.00	0.00	OA-23	43.00	0.00	
1306898036	0423	042325	11	1	G0447	XU		65.00	30.32	0.00	0.00	OA-23	20.00	0.00	
1306898036	0423	042325	11	1	99401	25		65.00	61.25	0.00	0.00	OA-23	65.00	0.00	
1306898036	0423	042325	11	1	G0446	XU		65.00	30.32	0.00	0.00	CO-45	3.75	61.25	
1306898036	0423	042325	11	1	G0446	XU		65.00	30.32	0.00	0.00	OA-23	65.00	0.00	
1306898036	0423	042325	11	1	G9622			0.00	0.00	0.00	0.00			0.00	
1306898036	0423	042325	11	1	1036F			0.00	0.00	0.00	0.00			0.00	
1306898036	0423	042325	11	1	2000F			0.00	0.00	0.00	0.00			0.00	
PT RESP	13.89			CLAIM TOTALS				1399.65	447.76	0.00	0.00		1183.39	216.26	
ADJ TO TOTAL: PREV PD						INTEREST		0.00	LATE FILING CHARGE			0.00	NET	216.26	
STATUS CODE 2: Processed as Secondary															

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	3	2109.25	744.93	0.00	0.00	1656.14	453.11	0.00	453.11



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

CO-45	Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-96	Non-covered charge(s).
N130	Consult plan benefit documents / guidelines for information about restrictions for this service.
N20	Service not payable with other service rendered on the same date.
N30	Patient ineligible for this service.
OA-136	Claim adjusted based on failure to follow prior payer's coverage rules. (Use Group Code OA).
OA-23	Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments
PR-204	This service / equipment / drug is not covered under the patient's current benefit plan
PR-3	Co-payment Amount

