

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 3  
DATE: 2025-06-18  
EFT #: 742634651  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME FULLER, KENNETH L					HIC RMH893342977	ACNT 6809LMD642	ICN 27251601864900710					ASG Y MOA	
1013940584	0606	060625	11	1	99215	25	295.00	192.08	0.00	0.00	CO-144	14.40	147.68
											CO-45	102.92	
											PR-3	30.00	
1013940584	0606	060625	11	1	G0446	XU	65.00	40.48	0.00	0.00	CO-144	3.04	37.44
											CO-45	24.52	
1013940584	0606	060625	11	1	3075F		0.00	0.00	0.00	0.00			0.00
1013940584	0606	060625	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1013940584	0606	060625	11	1	G8427		0.00	0.00	0.00	0.00			0.00
1013940584	0606	060625	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1013940584	0606	060625	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1013940584	0606	060625	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1013940584	0606	060625	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1013940584	0606	060625	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1013940584	0606	060625	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	30.00	CLAIM TOTALS					360.00	232.56	0.00	0.00		174.88	185.12
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE			0.00	NET	185.12
STATUS CODE 1: Processed as Primary													

NAME OESCH, LAURA E				HIC MMJ928222687		ACNT 6761LMD642		ICN 27251564658800710		ASG Y		MOA	
1013940584	0603	060325	11	1	99395	25	297.00	155.93	0.00	0.00	CO-144	11.70	144.23
											CO-45	141.07	
1013940584	0603	060325	11	1	G0136	33	65.00	0.00	0.00	0.00	PR-119	65.00	0.00
1013940584	0603	060325	11	1	G0442	XU	30.00	30.00	0.00	0.00	CO-144	2.25	27.75
1013940584	0603	060325	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-234	29.45	0.00
					REM: N20								
1013940584	0603	060325	11	1	G8476		0.00	0.00	0.00	0.00			0.00
1013940584	0603	060325	11	1	G8420		0.00	0.00	0.00	0.00			0.00
1013940584	0603	060325	11	1	G9622		0.00	0.00	0.00	0.00			0.00
1013940584	0603	060325	11	1	G8510		0.00	0.00	0.00	0.00			0.00
1013940584	0603	060325	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1013940584	0603	060325	11	1	3078F		0.00	0.00	0.00	0.00			0.00
PT RESP	65.00				CLAIM TOTALS		421.45	185.93	0.00	0.00		249.47	171.98
ADJ TO TOTAL: PREV PD						INTEREST	0.00		LATE FILING CHARGE		0.00	NET	171.98
STATUS CODE 1: Processed as Primary													

NAME OSTERMAN, KURT T				HIC WYO891705222 ACNT 6785LMD642				ICN 28251561119300710 ASG Y MOA					
1306898036	0604	060425	11	1	99214	25	219.00	143.12	0.00	0.00	CO-144	5.36	56.20
REM: N172											CO-203	71.56	
											CO-45	75.88	
											PR-3	10.00	
1306898036	0604	060425	11	1	G0446	XU	65.00	40.48	0.00	0.00	CO-144	3.04	37.44
											CO-45	24.52	
1306898036	0604	060425	11	1	G0447	XU	65.00	0.00	0.00	0.00	PR-204	65.00	0.00
1306898036	0604	060425	11	1	99401	25	65.00	61.25	0.00	0.00	CO-144	4.60	56.65
											CO-45	3.75	
1306898036	0604	060425	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0604	060425	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0604	060425	11	1	1036F		0.00	0.00	0.00	0.00			0.00
1306898036	0604	060425	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0604	060425	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0604	060425	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0604	060425	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0604	060425	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0604	060425	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	75.00	CLAIM TOTALS					414.00	244.85	0.00	0.00		263.71	150.29
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	150.29
STATUS CODE 1: Processed as Primary													



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EFT #:	742634651	PAGE #: 2 of 3	DATE: 2025-06-18

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME RITTER, JULIA M				HIC		WYO892595393 ACNT		6836LMD642		ICN 27251615951500710		ASG Y	MOA	
INSURED NAME: RITTER, SUSAN M														
1306898036	0606	060625	11	1	99214	25		219.00	143.12	0.00	0.00	CO-144	10.74	132.38
												CO-45	75.88	
1306898036	0606	060625	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0606	060625	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0606	060625	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0606	060625	11	1	1036F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM		TOTALS		219.00	143.12	0.00	0.00		86.62	132.38
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE			0.00	NET	132.38
STATUS CODE 1: Processed as Primary														

NAME LEE, JAMES E				HIC	RG1911736484	ACNT	6806LMD642		ICN	28251572306800710		ASG	Y	MOA	
1013940584	0605	060525	11	1	99396	25		327.00	165.75	0.00	0.00	CO-144		12.44	153.31
1013940584	0605	060525	11	1	G0136	33		65.00	0.00	0.00	0.00	CO-45		161.25	
1013940584	0605	060525	11	1	36415			0.00	0.00	0.00	0.00	PR-119		65.00	0.00
1013940584	0605	060525	11	1	G0442	XU		30.00	30.00	0.00	0.00	CO-144		2.25	27.75
1013940584	0605	060525	11	1	G0444	XU		29.45	0.00	0.00	0.00	CO-234		29.45	0.00
REM: N20															
1013940584	0605	060525	11	1	3074F			0.00	0.00	0.00	0.00				0.00
1013940584	0605	060525	11	1	3078F			0.00	0.00	0.00	0.00				0.00
1013940584	0605	060525	11	1	G9622			0.00	0.00	0.00	0.00				0.00
1013940584	0605	060525	11	1	G8510			0.00	0.00	0.00	0.00				0.00
1013940584	0605	060525	11	1	G8417			0.00	0.00	0.00	0.00				0.00
1013940584	0605	060525	11	1	G9621			0.00	0.00	0.00	0.00				0.00
PT RESP	65.00	CLAIM TOTALS						451.45	195.75	0.00	0.00			270.39	181.06
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE				0.00	NET	181.06
STATUS CODE 1: Processed as Primary															

NAME PENNINGTON, KAREN J		HIC BUBM65353116 ACNT 6700LMD642		ICN 26251559877100710		ASG	Y	MOA	
INSURED NAME: PENNINGTON, RUSSELL L									
1013940584	0530 053025 11	1 99215 25	295.00	192.08	0.00	0.00	CO-144	14.40	157.68
							CO-45	102.92	
							PR-3	20.00	
1013940584	0530 053025 11	1 36415	20.00	5.00	0.00	0.00	CO-144	0.38	4.62
							CO-45	15.00	
1013940584	0530 053025 11	1 G0442 XU	30.00	30.00	0.00	0.00	CO-144	2.25	27.75
1013940584	0530 053025 11	1 G0444 XU	29.45	0.00	0.00	0.00	PI-97	29.45	0.00
1013940584	0530 053025 11	1 G0446 XU	65.00	40.48	0.00	0.00	CO-144	3.04	37.44
							CO-45	24.52	
1013940584	0530 053025 11	1 G9622	0.00	0.00	0.00	0.00			0.00
1013940584	0530 053025 11	1 G8510	0.00	0.00	0.00	0.00			0.00
1013940584	0530 053025 11	1 1036F	0.00	0.00	0.00	0.00			0.00
1013940584	0530 053025 11	1 3074F	0.00	0.00	0.00	0.00			0.00
1013940584	0530 053025 11	1 3078F	0.00	0.00	0.00	0.00			0.00
1013940584	0530 053025 11	1 3008F	0.00	0.00	0.00	0.00			0.00
1013940584	0530 053025 11	1 2001F	0.00	0.00	0.00	0.00			0.00
1013940584	0530 053025 11	1 2000F	0.00	0.00	0.00	0.00			0.00
1013940584	0530 053025 11	1 1000F	0.00	0.00	0.00	0.00			0.00
1013940584	0530 053025 11	1 1159F	0.00	0.00	0.00	0.00			0.00
1013940584	0530 053025 11	1 1160F	0.00	0.00	0.00	0.00			0.00
PT RESP	20.00	CLAIM TOTALS	439.45	267.56	0.00	0.00		211.96	227.49
ADJ TO TOTAL: PREV PD		INTEREST	0.00	LATE FILING CHARGE	0.00	NET	227.49		
STATUS CODE 1: Processed as Primary									

NAME	VERMURLEN, AIDEN A	HIC	BUBM61294310	ACNT	6708LMD642	ICN	27251550007900710	ASG	Y	MOA		
INSURED NAME: VERMURLEN, ANDREW S												
1013940584	0331	033125	11	1	90620	320.00	220.04	0.00	0.00	CO-45	99.96	220.04
1013940584	0331	033125	11	1	90460	41.00	31.92	0.00	0.00	CO-144	2.40	29.52
										CO-45	9.08	
PT RESP	0.00	CLAIM TOTALS				361.00	251.96	0.00	0.00		111.44	249.56
ADJ TO TOTAL: PREV PD		INTEREST				0.00	LATE FILING CHARGE		0.00	NET		249.56
STATUS CODE 1: Processed as Primary												

NAME REWA, CADE W	HIC MMJ911251498	ACNT 6851LMD642	ICN 27251631095800710	ASG Y	MOA
INSURED NAME: REWA, MEGAN R					
1013940584 0609 060925 11	1 99213	146.00	98.69	98.69	0.00
PT RESP 98.69	CLAIM TOTALS	146.00	98.69	98.69	0.00
ADJ TO TOTAL: PREV PD	INTEREST	0.00	LATE FILING	CHARGE	0.00
STATUS CODE 1: Processed as Primary				NET	0.00

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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME DIETERLE, MASON				HIC KCWM68617746 ACNT 6822LMD642				ICN 27251601864500710 ASG Y				MOA		
INSURED NAME: DIETERLE, JENNIFER														
1013940584	0718	071824	11	1	90696			105.00	0.00	0.00	0.00	CO-29	105.00	0.00
1013940584	0718	071824	11	1	90460			41.00	0.00	0.00	0.00	CO-29	41.00	0.00
PT RESP	0.00	CLAIM TOTALS						146.00	0.00	0.00	0.00		146.00	0.00
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

NAME SCOTT, JODY K				HIC GMJ916715333 ACNT 6818LMD642				ICN 27251601850300710 ASG Y				MOA		
INSURED NAME: SCOTT, JONATHON D														
1013940584	1105	110524	11	1	90656			35.00	0.00	0.00	0.00	CO-29	35.00	0.00
1013940584	1105	110524	11	1	90471			41.00	0.00	0.00	0.00	CO-29	41.00	0.00
PT RESP	0.00	CLAIM TOTALS						76.00	0.00	0.00	0.00		76.00	0.00
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
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
	10	3034.35	1620.42	98.69	0.00	1637.78	1297.88	0.00	1297.88

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

CO-144	Incentive adjustment, e.g. preferred product / service.
CO-203	Discontinued or reduced service.
CO-234	This procedure is not paid separately. Check Remittance Remark Codes for details.
CO-29	The time limit for filing has expired.
CO-45	Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
N172	The patient is not liable for the denied / adjusted charge(s) for receiving any updated service / item.
N20	Service not payable with other service rendered on the same date.
PI-97	Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
PR-1	Deductible Amount
PR-119	Benefit maximum for this time period or occurrence has been reached.
PR-204	This service / equipment / drug is not covered under the patient's current benefit plan
PR-3	Co-payment Amount

