

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: 2025-05-07  
EFT #: 742285488  
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME POSTMA, MATTHEW					HIC KMT892619334		ACNT	5565LMD642		ICN 26250926323800710		ASG Y	MOA	
1013940584	0331	033125	11	1	99214	25		219.00	143.12	0.00	0.00	CO-144	10.74	117.38
													CO-45	75.88
													PR-3	15.00
1013940584	0331	033125	11	4	11420	59		772.00	641.76	0.00	40.43	CO-144	30.32	333.56
													CO-131	237.45
													CO-45	130.24
1013940584	0331	033125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0331	033125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0331	033125	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0331	033125	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0331	033125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0331	033125	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0331	033125	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0331	033125	11	1	3079F			0.00	0.00	0.00	0.00			0.00
PT RESP		55.43		CLAIM TOTALS				991.00	784.88	0.00	40.43	499.63		450.94
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET		450.94
STATUS CODE 1: Processed as Primary														

NAME NSHIME, NOLAN				HIC AKM913377495 ACNT 5371LMD642				ICN 27251081513900710 ASG Y				MOA			
INSURED NAME: NSHIME, BERTIL															
1013940584 0318 031825 11				1 99383		-268.00		0.00		0.00		0.00		CO-119 -268.00 0.00	
REM: N416															
1013940584 0318 031825 11				1 3074F		0.00		0.00		0.00		0.00		0.00	
1013940584 0318 031825 11				1 3078F		0.00		0.00		0.00		0.00		0.00	
PT RESP 0.00				CLAIM TOTALS				-268.00		0.00		0.00		-268.00 0.00	
ADJ TO TOTAL: PREV PD				INTEREST 0.00				LATE FILING CHARGE				0.00		NET 0.00	
STATUS CODE 22: Reversal of Previous Payment															

NAME NSHIME, NOLAN				HIC AKM913377495 ACNT 5371LMD642				ICN 27251081513902710 ASG Y				MOA				
INSURED NAME: NSHIME, BERTIL																
1013940584 0318 031825 11				1	99393	202.00		139.39		0.00		0.00		CO-144	10.45	128.94
														CO-45	62.61	
1013940584 0318 031825 11				1	3074F	0.00		0.00		0.00		0.00		0.00		
1013940584 0318 031825 11				1	3078F	0.00		0.00		0.00		0.00		0.00		
PT RESP		0.00		CLAIM TOTALS		202.00		139.39		0.00		0.00		73.06		128.94
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00		NET		128.94		
STATUS CODE 1: Processed as Primary																

NAME MENDEZ, HERIBERTO				HIC 890551575		ACNT 5793LMD642		ICN 26251203383800710		ASG Y	MOA		
INSURED NAME: MENDEZ, KAREN													
1306898036	0411	041125	11	1	99214	25	219.00	0.00	0.00	0.00	OA-23	115.71	0.00
											PR-204	103.29	
1306898036	0411	041125	11	1	G2211		25.00	0.00	0.00	0.00	OA-23	21.95	0.00
											PR-204	3.05	
1306898036	0411	041125	11	1	99401	25	60.00	0.00	0.00	0.00	PR-204	60.00	0.00
1306898036	0411	041125	11	1	G0446	XU	30.00	0.00	0.00	0.00	OA-23	30.00	0.00
REM: N19													
1306898036	0411	041125	11	1	36415		20.00	0.00	0.00	0.00	OA-23	20.00	0.00
REM: N19													
1306898036	0411	041125	11	1	90677		330.00	0.00	0.00	0.00	OA-23	330.00	0.00
REM: N19													
1306898036	0411	041125	11	1	90471		37.68	0.00	0.00	0.00	PR-204	37.68	0.00
1306898036	0411	041125	11	1	82043	QW	14.70	0.00	0.00	0.00	OA-23	14.70	0.00
REM: N19													
1306898036	0411	041125	11	1	82570	QW	17.85	0.00	0.00	0.00	OA-23	17.85	0.00
REM: N19													
1306898036	0411	041125	11	1	1036F		0.00	0.00	0.00	0.00			0.00
PT RESP		204.02		CLAIM TOTALS			754.23	0.00	0.00	0.00		754.23	0.00
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE			0.00	NET		0.00
STATUS CODE 2: Processed as Secondary													



BCBSM								REMITTANCE
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EFT #:	742285488		PAGE #: 2 of 2					DATE: 2025-05-07

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	4	1679.23	924.27	0.00	40.43	1058.92	579.88	0.00	579.88

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

CO-119 Benefit maximum for this time period or occurrence has been reached.

CO-131 Claim specific negotiated discount.

CO-144 Incentive adjustment, e.g. preferred product / service.

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

N19 Procedure code incidental to primary procedure.

N416 This service is allowed 1 time in a 3-year period. (This temporary code will be deactivated on 2 / 1/09. Must be used with Reason Code 119.)

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

PR-2 Coinsurance Amount

PR-204 This service / equipment / drug is not covered under the patient's current benefit plan

PR-3 Co-payment Amount

