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

TIMOTHY J TOBOLIC MD PLLC

NPI #: 1982923660 PAGE #: 1 of 2 DATE: 2025-07-11 EFT #: 790169847 TAX ID #: 272620668

BYRON CENTER, MI 493156928

REND PROV	SERV DATE	POS	NOS	PRO	C MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	ſΤ	PROV PD
NAME KITLE	R, DAVID W		HI	C X3L9	10052465 ACNT	7217LMD64	2	ICN 26	25183826	5700710 ASC	Y MOA	
1013940584	0630 063025	11	1	99214	25	219.00	120.84	0.00	0.00	CO-253 CO-45	2.42 98.16	118.42
1013940584	0630 063025	11	1	29580	50	114.00	86.69	0.00	0.00	CO-253 CO-45	1.73 27.31	84.96
1013940584	0630 063025	11	1	3078F		0.00	0.00	0.00	0.00	00 10		0.00
	0630 063025			3074F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00		_		TOTALS	333.00	207.53	0.00	0.00		129.62	203.38
	AL: PREV PD			<b>U</b>	INTEREST	0.00		FILING O		0.00	NET	203.38
	E 1: Process	ed a	s Pr	imary								
NAME KITLE	R, EILEEN M		HI	C X3L9	17115358 ACNT	7184LMD64	2	ICN 26	251826748	8300710 ASC	y MOA	
	0411 041125					219.00	120.84	0.00	0.00	CO-253	2.42	118.42
										CO-45	98.16	
1013940584	0411 041125	11	1	G2211		25.00	15.26	0.00	0.00	CO-253 CO-45	0.31 9.74	14.95
1013940584	0411 041125	11	1	20610	DΨ	155.00	61.13	0.00	0.00	CO-253	1.22	59.91
1013340304	0411 041123		_	20010	KI	133.00	01.13	0.00	0.00	CO-45	93.87	39.91
1012040504	0411 041125	11	60	J1010	DT	60.00	6.60	0.00	1.32	CO-253	0.11	5.17
1013340304	0411 041125	11	60	01010	K1	80.00	0.00	0.00	1.32	CO-253	53.40	5.17
1012040504	0411 041125	11	1	3074F		0.00	0.00	0.00	0.00	CO-45	53.40	0.00
						0.00		0.00	0.00			0.00
	0411 041125	11		3078F	moma		0.00				050 00	
PT RESP	1.32			CLAIM	TOTALS	459.00	203.83	0.00	1.32		259.23	198.45
	AL: PREV PD E 1: Process	ed a	s Pr	imary	INTEREST	0.00	LATE	FILING (	HARGE	0.00	NET	198.45
NAME KITLE	P DAVID W		нт	~ X3T.9	10052465 ACNT	6973T.MD64	.2	TCN 26	25181909	6600710 ASC	Y MOA	
	0613 061325			99214		219.00	0.00	0.00	0.00	OA-18	219.00	0.00
	0613 061325			29580		114.00	0.00	0.00	0.00	OA-18	114.00	0.00
	0613 061325			G2211	50	25.00	0.00	0.00	0.00	OA-18	25.00	0.00
	0613 061325			G0557		94.10	0.00	0.00	0.00	CO-4	94.10	0.00
1013310301	0015 001525		_	00337	REM: N823	71.10	0.00	0.00	0.00	CO 1	24.10	0.00
1013040584	0613 061325	11	1	3075F		0.00	0.00	0.00	0.00			0.00
	0613 061325			3078F		0.00	0.00	0.00	0.00			0.00
	0613 061325			G8427		0.00	0.00	0.00	0.00			0.00
	0613 061325			3008F		0.00	0.00	0.00	0.00			0.00
				2001F		0.00		0.00	0.00			0.00
	0613 061325						0.00					
	0613 061325			2000F		0.00	0.00	0.00	0.00			0.00
	0613 061325			1000F		0.00	0.00	0.00	0.00			0.00
	0613 061325			1159F		0.00	0.00	0.00	0.00			0.00
	0613 061325	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS	452.10	0.00	0.00	0.00		452.10	0.00
	AL: PREV PD	_			INTEREST	0.00	LATE	FILING C	CHARGE	0.00	NET	0.00
STATUS COD	E 1: Process	ed a	s Pr	imary								



BCBSM REMITTANCE

NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC ADVICE EFT #: 790169847 PAGE #: 2 of 2 DATE: 2025-07-11

REND PROV SERV DATE	POS N	NOS PROC MO	OS BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	T	PROV PD
NAME BROWN, JOAN M		HIC X3L9101094	73 ACNT 6942LMD64	2	ICN 262	251819096	700710 ASG	Y MOA	
1013940584 0612 061225	11	1 99213 25	146.00	0.00	0.00	0.00	CO-146	146.00	0.00
		REM:	M76						
1013940584 0612 061225	11	2 69209 50	58.00	0.00	0.00	0.00	CO-16	58.00	0.00
		REM:	M53						
1013940584 0612 061225	11	1 G0447 XU	65.00	0.00	0.00	0.00	OA-18	65.00	0.00
1013940584 0612 061225	11	1 99401 25	65.00	0.00	0.00	0.00	CO-16	65.00	0.00
		REM:	M53						
1013940584 0612 061225	11	1 3074F	0.00	0.00	0.00	0.00			0.00
1013940584 0612 061225	11	1 3078F	0.00	0.00	0.00	0.00			0.00
1013940584 0612 061225	11	1 1036F	0.00	0.00	0.00	0.00			0.00
1013940584 0612 061225	11	1 3008F	0.00	0.00	0.00	0.00			0.00
1013940584 0612 061225	11	1 2001F	0.00	0.00	0.00	0.00			0.00
1013940584 0612 061225	11	1 2000F	0.00	0.00	0.00	0.00			0.00
1013940584 0612 061225	11	1 1000F	0.00	0.00	0.00	0.00			0.00
1013940584 0612 061225	11	1 1159F	0.00	0.00	0.00	0.00			0.00
1013940584 0612 061225	11	1 1160F	0.00	0.00	0.00	0.00			0.00
PT RESP 0.00		CLAIM TOTAL	334.00	0.00	0.00	0.00		334.00	0.00
ADJ TO TOTAL: PREV PD		INT	EREST 0.00	LATE	FILING C	HARGE	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
	4	1578.10	411.36	0.00	1.32	1174.95	401.83	0.00	401.83

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

The procedure code is inconsistent with the modifier used or a required modifier is missing. Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement. CO-4

CO-45

Missing / incomplete / invalid days or units of service. Missing / incomplete / invalid diagnosis or condition. M53 M76

Incomplete/Invalid procedure modifier(s). N823

OA-18 Duplicate claim / service.

PR-2 Coinsurance Amount

