

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: 2025-07-09
EFT #: 509940759
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MAYHANAGIAN, QUINTON V HIC XYQM09501954 ACNT 5765LMD642 ICN 26251828647200710 ASG Y MOA												
INSURED NAME: MAYHANAGIAN, ABIGAIL G												
1306898036	0409	040925	11	1	99395	25	223.00	155.93	0.00	0.00	CO-144 11.70 CO-45 67.07	144.23
1306898036	0409	040925	11	1	36415		20.00	5.00	0.00	0.00	CO-144 0.38 CO-45 15.00	4.62
1306898036	0409	040925	11	1	G0444	XU	29.45	29.45	0.00	0.00	CO-144 2.21	27.24
1306898036	0409	040925	11	1	96127	XU	40.00	7.46	0.00	0.00	CO-144 0.56 CO-45 32.54	6.90
1306898036	0409	040925	11	1	G0136	33	34.80	30.36	30.36	0.00	CO-45 4.44	0.00
1306898036	0409	040925	11	1	G8420		0.00	0.00	0.00	0.00		0.00
1306898036	0409	040925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0409	040925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0409	040925	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0409	040925	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0409	040925	11	1	1036F		0.00	0.00	0.00	0.00		0.00
PT RESP	30.36				CLAIM TOTALS		347.25	228.20	30.36	0.00		133.90 182.99
ADJ TO TOTAL: PREV PD INTEREST							0.00		LATE FILING CHARGE		0.00	NET 182.99
STATUS CODE 1: Processed as Primary												

NAME DOMEIER, LISA L HIC EZVAN2496918 ACNT 6691LMD642 ICN 26251549960900710 ASG Y MOA												
1013940584	0529	052925	11	1	99213	25	146.00	98.69	0.00	0.00	CO-144 7.40 CO-45 47.31 PR-3 20.00	71.29
1013940584	0529	052925	11	1	99490		116.98	100.13	0.00	0.00	CO-144 7.51 CO-45 16.85	92.62
1013940584	0529	052925	11	1	G0446	XU	61.88	40.48	0.00	0.00	CO-144 3.04 CO-45 21.40	37.44
1013940584	0529	052925	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	11	1	3077F		0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	11	1	2010F		0.00	0.00	0.00	0.00		0.00
1013940584	0529	052925	11	1	0513F		0.00	0.00	0.00	0.00		0.00
PT RESP	20.00				CLAIM TOTALS		324.86	239.30	0.00	0.00		123.51 201.35
ADJ TO TOTAL: PREV PD INTEREST							0.00		LATE FILING CHARGE		0.00	NET 201.35
STATUS CODE 1: Processed as Primary												

NAME DOMEIER, LISA L HIC EZVAN2496918 ACNT 6690LMD642 ICN 26251549961300710 ASG Y MOA												
1013940584	0519	051925	11	1	99213		146.00	98.69	0.00	0.00	CO-144 7.40 CO-45 47.31 PR-3 20.00	71.29
1013940584	0519	051925	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0519	051925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0519	051925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0519	051925	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0519	051925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0519	051925	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0519	051925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0519	051925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0519	051925	11	1	2010F		0.00	0.00	0.00	0.00		0.00
PT RESP	20.00				CLAIM TOTALS		146.00	98.69	0.00	0.00		74.71 71.29
ADJ TO TOTAL: PREV PD INTEREST							0.00		LATE FILING CHARGE		0.00	NET 71.29
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 MUSHONGA, LEVIE						HIC	AQT604526836	ACNT	6682LMD642	ICN	26251771184300710	ASG	Y	MOA
		0529	052925	11	1	99396	25	327.00	0.00	0.00	0.00	CO-6	327.00	0.00
						REM: N129								
		0529	052925	11	1	G0136		65.00	30.36	30.36	0.00	CO-45	34.64	0.00
		0529	052925	11	1	36415		20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
		0529	052925	11	1	G0442		30.00	30.00	0.00	0.00	CO-144	2.25	27.75
		0529	052925	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-234	29.45	0.00
						REM: N20								
		0529	052925	11	1	G8510		0.00	0.00	0.00	0.00			0.00
		0529	052925	11	1	3074F		0.00	0.00	0.00	0.00			0.00
		0529	052925	11	1	3078F		0.00	0.00	0.00	0.00			0.00
		0529	052925	11	1	G9622		0.00	0.00	0.00	0.00			0.00
		0529	052925	11	1	1036F		0.00	0.00	0.00	0.00			0.00
		0529	052925	11	1	0513F		0.00	0.00	0.00	0.00			0.00
		0529	052925	11	1	G8417		0.00	0.00	0.00	0.00			0.00
		0529	052925	11	1	G8427		0.00	0.00	0.00	0.00			0.00
PT RESP		30.36				CLAIM TOTALS			471.45	65.36	30.36	0.00	408.72	32.37
ADJ TO TOTAL: PREV PD								0.00	LATE FILING CHARGE			0.00	NET	32.37
STATUS CODE 1: Processed as Primary														
NAME REECE, ALLEN						HIC	AKH570W23483	ACNT	7183LMD642	ICN	26251827976200710	ASG	Y	MOA
1013940584	0627	062725	11	1	99214			219.00	143.12	0.00	0.00	CO-144	10.74	102.38
												CO-45	75.88	
												PR-3	30.00	
1013940584	0627	062725	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0627	062725	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0627	062725	11	1	4004F			0.00	0.00	0.00	0.00			0.00
PT RESP		30.00				CLAIM TOTALS			219.00	143.12	0.00	0.00	116.62	102.38
ADJ TO TOTAL: PREV PD								0.00	LATE FILING CHARGE			0.00	NET	102.38
STATUS CODE 1: Processed as Primary														
NAME SELDERS, JOHN F						HIC	892940760	ACNT	6858LMD642	ICN	26251821097200710	ASG	Y	MOA
1306898036	0609	060925	11	1	99214			219.00	24.17	0.00	0.00	OA-23	194.83	4.17
												PR-3	20.00	
1306898036	0609	060925	11	1	G2211			25.00	3.05	0.00	0.00	OA-23	21.95	3.05
1306898036	0609	060925	11	1	G8476			0.00	0.00	0.00	0.00			0.00
1306898036	0609	060925	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0609	060925	11	1	G8427			0.00	0.00	0.00	0.00			0.00
PT RESP		20.00				CLAIM TOTALS			244.00	27.22	0.00	0.00	236.78	7.22
ADJ TO TOTAL: PREV PD								0.00	LATE FILING CHARGE			0.00	NET	7.22
STATUS CODE 2: Processed as Secondary														
NAME VANDENBERG, DAVID J						HIC	DVFAN3306216	ACNT	6336LMD642	ICN	26251827931000710	ASG	Y	MOA N152
1013940584	0512	051225	11	1	99214	25		241.68	0.00	0.00	0.00	PI-16	241.68	0.00
						REM: N152								
1013940584	0512	051225	11	1	G0447	XU		0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00				CLAIM TOTALS			241.68	0.00	0.00	0.00	241.68	0.00
ADJ TO TOTAL: PREV PD								0.00	LATE FILING CHARGE			0.00	NET	0.00
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 FORDHAM, GARY N					HIC	ASN913253225	ACNT	5058LMD642		ICN	26251827945000710	ASG	Y	MOA N152
1013940584	0225	022525	11	1	99213	25		171.26	0.00	0.00	0.00	PI-16	171.26	0.00
REM: N152														
1013940584	0225	022525	11	1	11303			250.00	0.00	0.00	0.00	PI-16	250.00	0.00
REM: N152														
1013940584	0225	022525	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0225	022525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		421.26	0.00	0.00	0.00		421.26	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 MUSHONGA, LEVIE				HIC AQT603101858 ACNT 6682LMD642				ICN 27251531822100710				ASG	Y	MOA		
1013940584	0529	052925	11	1	99396	25		327.00	0.00	0.00	0.00	CO-6		327.00		0.00
REM: N129																
1013940584	0529	052925	11	1	G0136	33		65.00	30.36	0.00	0.00	CO-45		34.64		0.00
													PR-204	30.36		
1013940584	0529	052925	11	1	36415			20.00	5.00	0.00	0.00	CO-45		10.00		0.00
													OA-23	5.00		
													PI-204	5.00		
1013940584	0529	052925	11	1	G0442	XU		30.00	30.00	0.00	0.00	OA-23		30.00		0.00
1013940584	0529	052925	11	1	G0444	XU		29.45	0.00	0.00	0.00	CO-234		29.45		0.00
REM: N20																
1013940584	0529	052925	11	1	G8510			0.00	0.00	0.00	0.00					0.00
1013940584	0529	052925	11	1	3074F			0.00	0.00	0.00	0.00					0.00
1013940584	0529	052925	11	1	3078F			0.00	0.00	0.00	0.00					0.00
1013940584	0529	052925	11	1	G9622			0.00	0.00	0.00	0.00					0.00
1013940584	0529	052925	11	1	1036F			0.00	0.00	0.00	0.00					0.00
1013940584	0529	052925	11	1	0513F			0.00	0.00	0.00	0.00					0.00
1013940584	0529	052925	11	1	G8417			0.00	0.00	0.00	0.00					0.00
1013940584	0529	052925	11	1	G8427			0.00	0.00	0.00	0.00					0.00
PT RESP	30.36					CLAIM TOTALS		471.45	65.36	0.00	0.00			471.45		0.00
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE				0.00	NET	0.00
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
	9	2886.95	867.25	60.72	0.00	2228.63	597.60	0.00	597.60

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

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

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

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

CO-6 The procedure / revenue code is inconsistent with the patient's age.

N129 Not eligible due to the patient's age.

N152 Missing / incomplete / invalid replacement claim information.

N20 Service not payable with other service rendered on the same date.

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

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

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

PR-1 Deductible Amount

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

PR-3 Co-payment Amount

