

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: 2025-07-16  
EFT #: 742863775  
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME THOMPSON, JOSEPH W				HIC	MMJ920661842	ACNT	7224LMD642	ICN 26251918734900710				ASG Y	MOA	
1306898036	0630	063025	11	1	99396	25		327.00	165.75	0.00	0.00	CO-144	12.44	153.31
												CO-45	161.25	
1306898036	0630	063025	11	1	G0136	33		34.80	0.00	0.00	0.00	PR-119	34.80	0.00
1306898036	0630	063025	11	1	G0442	XU		30.00	30.00	0.00	0.00	CO-144	2.25	27.75
1306898036	0630	063025	11	1	G0444	XU		29.45	0.00	0.00	0.00	CO-234	29.45	0.00
REM: N20														
1306898036	0630	063025	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0630	063025	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0630	063025	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0630	063025	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0630	063025	11	1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP	34.80				CLAIM TOTALS			421.25	195.75	0.00	0.00		240.19	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 RITTER, SUSAN E				HIC	WYO892595393	ACNT	7251LMD642	ICN 26251893291500710				ASG Y	MOA	
1306898036	0702	070225	11	1	99214			219.00	143.12	0.00	0.00	CO-144	10.73	132.39
												CO-45	75.88	
1306898036	0702	070225	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0702	070225	11	1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			219.00	143.12	0.00	0.00		86.61	132.39
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	132.39
STATUS CODE 1: Processed as Primary														
NAME IRWIN, ELEANOR C				HIC	KCWM66241714	ACNT	7252LMD642	ICN 26251893293200710				ASG Y	MOA	
INSURED NAME: IRWIN, CARRIE B														
1013940584	0702	070225	11	1	99214			219.00	143.12	0.00	0.00	CO-144	10.73	107.39
												CO-45	75.88	
												PR-3	25.00	
1013940584	0702	070225	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0702	070225	11	1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP	25.00				CLAIM TOTALS			219.00	143.12	0.00	0.00		111.61	107.39
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	107.39
STATUS CODE 1: Processed as Primary														
NAME DAMOOSE, LYNDA L				HIC	MZO893196534	ACNT	7266LMD642	ICN 26251893270000710				ASG Y	MOA	
INSURED NAME: DAMOOSE, RYAN T														
1306898036	0703	070325	11	1	85610	QW		21.00	4.29	0.00	0.00	CO-45	16.71	4.29
PT RESP	0.00				CLAIM TOTALS			21.00	4.29	0.00	0.00		16.71	4.29
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	4.29
STATUS CODE 1: Processed as Primary														
NAME LEE, KRISTEN M				HIC	RGI911736484	ACNT	7261LMD642	ICN 27251905203000710				ASG Y	MOA	
INSURED NAME: LEE, JAMES E														
1013940584	0702	070225	11	1	99396	25		327.00	167.10	0.00	0.00	CO-144	12.53	154.57
												CO-45	159.90	
1013940584	0702	070225	11	1	99214			219.00	143.12	71.56	0.00	CO-203	71.56	0.00
												CO-45	75.88	
REM: N172														
1013940584	0702	070225	11	1	G0136	33		34.80	0.00	0.00	0.00	PR-119	34.80	0.00
1013940584	0702	070225	11	1	96127	XU		40.00	7.46	0.00	0.00	CO-144	0.55	6.91
												CO-45	32.54	
1013940584	0702	070225	11	1	96127	XU		40.00	7.46	0.00	0.00	CO-144	0.55	6.91
												CO-45	32.54	
1013940584	0702	070225	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0702	070225	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0702	070225	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0702	070225	11	1	G8431			0.00	0.00	0.00	0.00			0.00
1013940584	0702	070225	11	1	1036F			0.00	0.00	0.00	0.00			0.00
PT RESP	106.36				CLAIM TOTALS			660.80	325.14	71.56	0.00		420.85	168.39
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	168.39
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 THOMAS, DONNA E					HIC KLG922255984	ACNT 7248LMD642			ICN 26251893279100710	ASG Y	MOA	
1013940584	0617	061725	11	1	99214	25	241.68	143.12	0.00	0.00	CO-144	132.38
											CO-45	98.56
1013940584	0617	061725	11	1	G0446	XU	61.88	40.48	0.00	0.00	CO-144	37.44
											CO-45	21.40
1013940584	0617	061725	11	1	G0447	XU	65.00	40.48	0.00	0.00	CO-144	37.44
											CO-45	24.52
1013940584	0617	061725	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0617	061725	11	1	3079F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		368.56	224.08	0.00	0.00		207.26
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	207.26
STATUS CODE 1: Processed as Primary											NET	

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	6	1909.61	1035.50	71.56	0.00	1037.27	800.78	0.00	800.78

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-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.

PR-1 Deductible Amount

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

PR-3 Co-payment Amount

