

BLUE CROSS BLUE SHIELD OF MICH []
P.O. BOX 553912
DETROIT, MI 482553912
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC
7740 BYRON CENTER AVE

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 3
DATE: 2025-08-26
EFT #: 604207196
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME ZUIVERINK, RUSTY					HIC XYL993691123 ACNT			7857LMD642		ICN 250806133460		ASG Y	MOA	
1013940584	0805	080525	11	1	99214	25		219.00	120.84	120.84	0.00	CO-45	98.16	0.00
1013940584	0805	080525	11	1	G0447	XU		65.00	0.00	0.00	0.00	CO-97	65.00	0.00
REM: N19														
1013940584	0805	080525	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0805	080525	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0805	080525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0805	080525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0805	080525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0805	080525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0805	080525	11	1	99401	25		65.00	0.00	0.00	0.00	PR-96	65.00	0.00
REM: N216														
1013940584	0805	080525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0805	080525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0805	080525	11	1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0805	080525	11	1	G0446	XU		65.00	0.00	0.00	0.00	CO-97	65.00	0.00
REM: N19														
PT RESP		185.84		CLAIM TOTALS				414.00	120.84	120.84	0.00		293.16	0.00
ADJ TO TOTAL: PREV PD								INTEREST		0.00		LATE FILING CHARGE		0.00
STATUS CODE 1: Processed as Primary												NET		0.00

NAME BARNABY, JAY L				HIC XYL990018123 ACNT 7885LMD642				ICN 250807229577				ASG Y		MOA			
1013940584	0806	080625	11	1	69209			29.00	0.00	0.00	0.00	CO-16		29.00		0.00	
REM: N822																	
1013940584	0806	080625	11	1	2001F			0.00	0.00	0.00	0.00					0.00	
1013940584	0806	080625	11	1	99214	25		219.00	120.84	0.00	0.00	CO-45		98.16		118.42	
													CO-253		2.42		
1013940584	0806	080625	11	1	G0447	XU		65.00	0.00	0.00	0.00	CO-97		65.00		0.00	
REM: N19																	
1013940584	0806	080625	11	1	2000F			0.00	0.00	0.00	0.00					0.00	
1013940584	0806	080625	11	1	1000F			0.00	0.00	0.00	0.00					0.00	
1013940584	0806	080625	11	1	1159F			0.00	0.00	0.00	0.00					0.00	
1013940584	0806	080625	11	1	1160F			0.00	0.00	0.00	0.00					0.00	
1013940584	0806	080625	11	1	99401	25		65.00	0.00	0.00	0.00	PR-96		65.00		0.00	
REM: N216																	
1013940584	0806	080625	11	1	3008F			0.00	0.00	0.00	0.00					0.00	
1013940584	0806	080625	11	1	G2211			25.00	15.26	0.00	0.00	CO-45		9.74		14.95	
													CO-253		0.31		
1013940584	0806	080625	11	1	G0446	XU		65.00	0.00	0.00	0.00	CO-97		65.00		0.00	
REM: N19																	
PT RESP		65.00		CLAIM TOTALS				468.00	136.10	0.00	0.00			334.63	133.37		
ADJ TO TOTAL: PREV PD								INTEREST		0.00	LATE FILING CHARGE		0.00	NET		133.37	
STATUS CODE 1: Processed as Primary																	

NAME CLARK, MICHELE H				HIC XYL917013396 ACNT 7920LMD642				ICN 250812599834		ASG Y	MOA		
1306898036	0808	080825	11	1	1160F		0.00	0.00	0.00	0.00		0.00	
1306898036	0808	080825	11	1	1159F		0.00	0.00	0.00	0.00		0.00	
1306898036	0808	080825	11	1	G2211		25.00	15.26	0.00	1.53	CO-45	9.74	
											CO-253	0.27	13.46
1306898036	0808	080825	11	1	2001F		0.00	0.00	0.00	0.00		0.00	
1306898036	0808	080825	11	1	1036F		0.00	0.00	0.00	0.00		0.00	
1306898036	0808	080825	11	1	99213		146.00	85.63	0.00	8.56	CO-45	60.37	
											CO-253	1.54	75.53
1306898036	0808	080825	11	1	3074F		0.00	0.00	0.00	0.00		0.00	
1306898036	0808	080825	11	1	3078F		0.00	0.00	0.00	0.00		0.00	
1306898036	0808	080825	11	1	3008F		0.00	0.00	0.00	0.00		0.00	
1306898036	0808	080825	11	1	2000F		0.00	0.00	0.00	0.00		0.00	
1306898036	0808	080825	11	1	1000F		0.00	0.00	0.00	0.00		0.00	
PT RESP		10.09		CLAIM TOTALS				171.00	100.89	0.00	10.09	71.92	88.99
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	88.99
STATUS CODE 1: Processed as Primary													



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DATE: 2025-08-26

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	GUSTINIS, TIMOTHY W		HIC	XYL991435756	ACNT	7259LMD642			ICN	250812600182	ASG Y	MOA
1306898036	0702	070225	11	1	85610	QW	21.00	4.29	0.00	0.00	CO-45	16.71
											CO-253	0.09
PT RESP	0.00						21.00	4.29	0.00	0.00		16.80
ADJ TO TOTAL: PREV PD							0.00		LATE FILING CHARGE		0.00	4.20
STATUS CODE 1: Processed as Primary												

NAME	SHOEMAKER, DUANE L		HIC	XYL993894032	ACNT	8041LMD642			ICN	250814784177	ASG Y	MOA
1306898036	0814	081425	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91
											CO-253	0.18
PT RESP	0.00						20.00	9.09	0.00	0.00		11.09
ADJ TO TOTAL: PREV PD							0.00		LATE FILING CHARGE		0.00	8.91
STATUS CODE 1: Processed as Primary												

NAME	GROENEVELD JR, KENNETH		HIC	XYL997016801	ACNT	8035LMD642			ICN	250814786496	ASG Y	MOA
1013940584	0813	081325	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0813	081325	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0813	081325	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00
												0.00
1013940584	0813	081325	11	1	94060		91.00	35.28	0.00	0.00	CO-45	55.72
											CO-253	0.71
1013940584	0813	081325	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0813	081325	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0813	081325	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0813	081325	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0813	081325	11	1	99214 25		219.00	120.84	0.00	0.00	CO-45	98.16
											CO-253	2.42
1013940584	0813	081325	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0813	081325	11	1	3074F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00						335.00	156.12	0.00	0.00		182.01
ADJ TO TOTAL: PREV PD							0.00		LATE FILING CHARGE		0.00	152.99
STATUS CODE 1: Processed as Primary												

NAME	MAUCHMAR, CONRAD J		HIC	XYL990243243	ACNT	8083LMD642			ICN	250815878323	ASG Y	MOA
1013940584	0613	061325	11	1	G0180		99.42	49.71	0.00	0.00	CO-45	49.71
											CO-253	0.99
PT RESP	0.00						99.42	49.71	0.00	0.00		50.70
ADJ TO TOTAL: PREV PD							0.00		LATE FILING CHARGE		0.00	48.72
STATUS CODE 1: Processed as Primary												

NAME	SMITH, LARRY D		HIC	XYL990246073	ACNT	8057LMD642			ICN	250815878456	ASG Y	MOA
1013940584	0814	081425	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0814	081425	11	1	99213		171.26	85.63	0.00	0.00	CO-45	85.63
											CO-253	1.47
											PR-3	12.37
1013940584	0814	081425	11	1	3077F		0.00	0.00	0.00	0.00		0.00
1013940584	0814	081425	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0814	081425	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0814	081425	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0814	081425	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0814	081425	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0814	081425	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0814	081425	11	1	0513F		0.00	0.00	0.00	0.00		0.00
1013940584	0814	081425	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74
											CO-253	0.15
											PR-3	7.63
PT RESP	20.00						196.26	100.89	0.00	0.00		116.99
ADJ TO TOTAL: PREV PD							0.00		LATE FILING CHARGE		0.00	79.27
STATUS CODE 1: Processed as Primary												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	8	1724.68	677.93	120.84	10.09	1077.30	516.45	0.00	516.45

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

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

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

CO-253 Sequestration - reduction in federal spending

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

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

N19 Procedure code incidental to primary procedure.

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

N216 We do not offer coverage for this type of service or the patient is not enrolled in this portion of our benefit package.



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N822 Missing procedure modifier(s).

PR-1 Deductible Amount

PR-2 Coinsurance Amount

PR-3 Co-payment Amount

PR-96 Non-covered charge(s).

