

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

REMITTANCE
 ADVICE

TIMOTHY J TOBOLIC MD PLLC

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-08-08
 EFT #: 790187463
 TAX ID #: 272620668

BYRON CENTER, MI 493156928

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KITLER, DAVID W					HIC X3L910052465 ACNT	7406LMD642			ICN 27251975504600710	ASG Y	MOA	
1013940584	0711	071125	11	1	99215 25		339.70	169.85	0.00	0.00	CO-253	166.45
											3.40	
1013940584	0711	071125	11	1	29580 50		114.00	86.69	0.00	0.00	CO-45	84.96
											169.85	
1013940584	0711	071125	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	14.95
											1.73	
1013940584	0711	071125	11	1	99406		23.00	0.00	0.00	0.00	CO-45	
											27.31	
											0.31	
											9.74	
											23.00	
					REM: N115							
1013940584	0711	071125	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	11	1	3077F		0.00	0.00	0.00	0.00		0.00
1013940584	0711	071125	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		501.70	271.80	0.00	0.00		
ADJ TO TOTAL: PREV PD					INTEREST		0.00				235.34	266.36
STATUS CODE 1: Processed as Primary									LATE FILING CHARGE	0.00	NET	266.36

NAME KITLER, EILEEN M					HIC X3L917115358 ACNT	7465LMD642			ICN 26251987034100710	ASG Y	MOA	
1013940584	0715	071525	11	1	99214 25		219.00	120.84	0.00	0.00	CO-253	118.42
											2.42	
1013940584	0715	071525	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	14.95
											98.16	
											0.31	
											9.74	
1013940584	0715	071525	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0715	071525	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0715	071525	11	1	G8427		0.00	0.00	0.00	0.00		0.00
1013940584	0715	071525	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0715	071525	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0715	071525	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0715	071525	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0715	071525	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0715	071525	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		244.00	136.10	0.00	0.00		
ADJ TO TOTAL: PREV PD					INTEREST		0.00				110.63	133.37
STATUS CODE 1: Processed as Primary									LATE FILING CHARGE	0.00	NET	133.37

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	745.70	407.90	0.00	0.00	345.97	399.73	0.00	399.73

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

CO-253 Sequestration - reduction in federal spending

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

CO-96 Non-covered charge(s).

N115 This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD). An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd>, or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.

