

BCBSM []  
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DETROIT, MI 482262998  
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REMITTANCE  
ADVICE

TIMOTHY J TOBOLIC MD PLLC  
  
BYRON CENTER, MI 493156928

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-08-20  
EFT #: 743158102  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	KOPERSKI, DANIEL J				HIC R61093870	ACNT	7839LMD642		ICN	26252206196800710	ASG Y MOA	
1013940584	0702	070225	11	1	99214 25		241.68	143.12	0.00	0.00	CO-45	108.12
											PR-3	98.56
											PR-204	35.00
1013940584	0702	070225	11	1	G0446 XU		65.00	0.00	0.00	0.00		65.00
1013940584	0702	070225	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0702	070225	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0702	070225	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0702	070225	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0702	070225	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0702	070225	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0702	070225	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0702	070225	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	100.00				CLAIM TOTALS		306.68	143.12	0.00	0.00		198.56
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	108.12
STATUS CODE 1:	Processed as Primary										NET	

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	306.68	143.12	0.00	0.00	198.56	108.12	0.00	108.12

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
PR-204 This service / equipment / drug is not covered under the patient's current benefit plan  
PR-3 Co-payment Amount

