

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 7
DATE: 2025-05-14
EFT #: 742342831
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME LANNING, DENNIS S				HIC	A4F922109717	ACNT	6098LMD642		ICN	27251212413600710	ASG Y	MOA
1013940584	0429	042925	11	1	99213	25	146.00	98.69	0.00	9.87	CO-144	81.42
											7.40	
											47.31	
1013940584	0429	042925	11	1	87880		40.00	16.53	0.00	1.65	CO-45	14.88
1013940584	0429	042925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0429	042925	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	11.52	CLAIM TOTALS					186.00	115.22	0.00	11.52		96.30
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	96.30
STATUS CODE 1: Processed as Primary												

NAME BECK, MICHELLE A				HIC DNW891210745 ACNT 6075LMD642				ICN 27251212413800710 ASG Y				MOA	
INSURED NAME: BECK, JOSEPH B													
1013940584	0428	042825	11	1	99396	25	327.00	165.75	0.00	0.00	CO-144	12.44	153.31
											CO-45	161.25	
1013940584	0428	042825	11	1	36415		20.00	5.00	0.00	0.00	CO-144	0.38	4.62
											CO-45	15.00	
1013940584	0428	042825	11	1	G0136	33	65.00	0.00	0.00	0.00	PR-119	65.00	0.00
1013940584	0428	042825	11	1	G0446	XU	65.00	0.00	0.00	0.00	PR-204	65.00	0.00
1013940584	0428	042825	11	1	G0442	XU	30.00	30.00	0.00	0.00	CO-144	2.25	27.75
1013940584	0428	042825	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-234	29.45	0.00
REM: N20													
1013940584	0428	042825	11	1	3075F		0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	3079F		0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	G8417		0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	G9622		0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	G8510		0.00	0.00	0.00	0.00			0.00
PT RESP	130.00	CLAIM TOTALS					536.45	200.75	0.00	0.00		350.77	185.68
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	185.68
STATUS CODE 1: Processed as Primary													



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BARONE, TODD M				HIC	LZC914847611	ACNT	6141LMD642	ICN 27251271890700710		ASG	Y	MOA		
1013940584	0325	032525	11	1	99396	25		327.00	165.75	0.00	0.00	CO-144	12.44	153.31
												CO-45	161.25	
1013940584	0325	032525	11	1	G0136	33		34.80	0.00	0.00	0.00	PR-119	34.80	0.00
1013940584	0325	032525	11	1	96160	XU		5.30	4.79	0.00	0.00	CO-144	0.36	4.43
												CO-45	0.51	
1013940584	0325	032525	11	1	96127	XU		40.00	7.46	0.00	0.00	CO-144	0.56	6.90
												CO-45	32.54	
1013940584	0325	032525	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
1013940584	0325	032525	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0325	032525	11	1	3044F			0.00	0.00	0.00	0.00			0.00
1013940584	0325	032525	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0325	032525	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0325	032525	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0325	032525	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0325	032525	11	1	2010F			0.00	0.00	0.00	0.00			0.00
1013940584	0325	032525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0325	032525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0325	032525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0325	032525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0325	032525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0325	032525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0325	032525	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0325	032525	11	1	1220F			0.00	0.00	0.00	0.00			0.00
1013940584	0325	032525	11	1	3016F			0.00	0.00	0.00	0.00			0.00
PT RESP	34.80				CLAIM TOTALS			427.10	183.00	0.00	0.00		257.84	169.26
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	169.26
STATUS CODE 1: Processed as Primary														

NAME DAMOOSE, RYAN T				HIC	MZO893196534	ACNT	6052LMD642	ICN 27251260369600710		ASG	Y	MOA		
1306898036	0425	042525	11	1	99214			219.00	143.12	0.00	0.00	CO-144	10.74	112.38
												CO-45	75.88	
												PR-3	20.00	
1306898036	0425	042525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0425	042525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	20.00				CLAIM TOTALS			219.00	143.12	0.00	0.00		106.62	112.38
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	112.38
STATUS CODE 1: Processed as Primary														

NAME BORRINK, KATIE L				HIC GHP921961476 ACNT 6081LMD642				ICN 27251212413500710				ASG	Y	MOA
INSURED NAME: BORRINK, ANDREW W														
1013940584	0428	042825	11	1	99214			219.00	143.12	0.00	0.00	CO-144	10.74	107.38
												CO-45	75.88	
												PR-3	25.00	
1013940584	0428	042825	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0428	042825	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	25.00				CLAIM TOTALS			219.00	143.12	0.00	0.00		111.62	107.38
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	107.38
STATUS CODE 1: Processed as Primary														



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME GILLIS, DANIEL S					HIC KMT892419614		ACNT	4371LMD642		ICN 26250272425500710		ASG Y	MOA	
1013940584	0124	012425	11	1	99396	25		327.00	165.75	0.00	0.00	CO-144	2.49	163.26
												CO-45	161.25	
1013940584	0124	012425	11	1	99408			61.00	54.33	0.00	0.00	CO-144	0.81	53.52
												CO-45	6.67	
1013940584	0124	012425	11	1	82570	QW		17.85	0.00	0.00	0.00	PI-16	17.85	0.00
							REM: N286							
1013940584	0124	012425	11	1	82043	QW		14.70	0.00	0.00	0.00	PI-16	14.70	0.00
							REM: N286							
1013940584	0124	012425	11	1	81001			43.05	0.00	0.00	0.00	PI-16	43.05	0.00
							REM: N286							
1013940584	0124	012425	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0124	012425	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0124	012425	11	1	G0444	XU		29.45	29.45	0.00	0.00	CO-144	0.44	29.01
1013940584	0124	012425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0124	012425	11	1	G8431			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			493.05	249.53	0.00	0.00		247.26	245.79
ADJ TO TOTAL: PREV PD					INTEREST			4.61	LATE FILING CHARGE			0.00	NET	245.79
STATUS CODE 1: Processed as Primary														

NAME BECK, MICHELLE A				HIC DNW891210745 ACNT 5335LMD642				ICN 26250781949100710 ASG Y				MOA			
INSURED NAME: BECK, JOSEPH B															
1013940584	0317	031725	11	1	99214	25	-219.00	0.00	-143.12	0.00	CO-45	-75.88	0.00		
1013940584	0317	031725	11	1	G0446	XU	-61.88	0.00	0.00	0.00	PR-204	-61.88	0.00		
1013940584	0317	031725	11	1	3077F		0.00	0.00	0.00	0.00			0.00		
1013940584	0317	031725	11	1	3080F		0.00	0.00	0.00	0.00			0.00		
1013940584	0317	031725	11	1	3008F		0.00	0.00	0.00	0.00			0.00		
1013940584	0317	031725	11	1	2001F		0.00	0.00	0.00	0.00			0.00		
1013940584	0317	031725	11	1	2000F		0.00	0.00	0.00	0.00			0.00		
1013940584	0317	031725	11	1	1000F		0.00	0.00	0.00	0.00			0.00		
1013940584	0317	031725	11	1	1159F		0.00	0.00	0.00	0.00			0.00		
1013940584	0317	031725	11	1	1160F		0.00	0.00	0.00	0.00			0.00		
PT RESP		0.00		CLAIM TOTALS			-280.88	0.00	-143.12	0.00		-137.76	0.00		
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	0.00		
STATUS CODE 22: Reversal of Previous Payment															

NAME BECK, MICHELLE A				HIC DNW891210745 ACNT 5335LMD642				ICN 26250781949102710 ASG Y				MOA			
INSURED NAME: BECK, JOSEPH B															
1013940584	0317	031725	11	1	99214	25	219.00	143.12	143.12	0.00	CO-45	75.88	0.00		
1013940584	0317	031725	11	1	G0446	XU	61.88	40.48	0.00	0.00	CO-144	3.04	37.44		
											CO-45	21.40			
1013940584	0317	031725	11	1	3077F		0.00	0.00	0.00	0.00			0.00		
1013940584	0317	031725	11	1	3080F		0.00	0.00	0.00	0.00			0.00		
1013940584	0317	031725	11	1	3008F		0.00	0.00	0.00	0.00			0.00		
1013940584	0317	031725	11	1	2001F		0.00	0.00	0.00	0.00			0.00		
1013940584	0317	031725	11	1	2000F		0.00	0.00	0.00	0.00			0.00		
1013940584	0317	031725	11	1	1000F		0.00	0.00	0.00	0.00			0.00		
1013940584	0317	031725	11	1	1159F		0.00	0.00	0.00	0.00			0.00		
1013940584	0317	031725	11	1	1160F		0.00	0.00	0.00	0.00			0.00		
PT RESP	143.12		CLAIM TOTALS				280.88	183.60	143.12	0.00		100.32	37.44		
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	37.44		
STATUS CODE 1: Processed as Primary															

NAME HULL, BRYAN J				HIC NSS922540157		ACNT	5756LMD642		ICN 26251017143400710		ASG	Y	MOA	
1306898036	0409	040925	11	1	99214	25		-219.00	0.00	-71.56	0.00	CO-203	-71.56	0.00
						REM: N172								
1306898036	0409	040925	11	1	99401	33		-65.00	0.00	0.00	0.00	CO-144	-4.60	-56.65
												CO-45	-3.75	
1306898036	0409	040925	11	1	G0447	XU		-65.00	0.00	0.00	0.00	PR-204	-65.00	0.00
1306898036	0409	040925	11	1	G0446	XU		-61.88	0.00	0.00	0.00	PR-204	-61.88	0.00
1306898036	0409	040925	11	1	0513F			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	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0409	040925	11	1	3077F			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
PT RESP		0.00		CLAIM TOTALS				-410.88	0.00	-71.56	0.00		-282.67	-56.65
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	-56.65
STATUS CODE 22: Reversal of Previous Payment														



BCBSM			REMITTANCE
NPI #:	1982923660	TIMOTHY J TOBOLIC MD PLLC	ADVICE
EFT #:	742342831	PAGE #: 4 of 7	DATE: 2025-05-14

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME HULL, BRYAN J HIC NSS922540157 ACNT 5756LMD642 ICN 26251017143402710 ASG Y MOA														
1306898036	0409	040925	11	1	99214	25		219.00	143.12	71.56	0.00	CO-203	71.56	0.00
REM: N172														
1306898036	0409	040925	11	1	99401	33		65.00	61.25	0.00	0.00	CO-45	75.88	
												CO-144	4.60	56.65
												CO-45	3.75	
1306898036	0409	040925	11	1	G0447	XU		65.00	0.00	0.00	0.00	PR-204	65.00	0.00
1306898036	0409	040925	11	1	G0446	XU		65.00	40.48	0.00	0.00	CO-144	3.04	37.44
												CO-45	24.52	
1306898036	0409	040925	11	1	0513F			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	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0409	040925	11	1	3077F			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
PT RESP	136.56					CLAIM TOTALS		414.00	244.85	71.56	0.00		248.35	94.09
ADJ TO TOTAL: PREV PD INTEREST								0.00		LATE FILING CHARGE		0.00	NET	94.09
STATUS CODE 1: Processed as Primary														

NAME SINCLAIR, KIM F HIC NSS891444944 ACNT 5896LMD642 ICN 27251081517000710 ASG Y MOA														
INSURED NAME: SINCLAIR, LINDA K														
1013940584	0416	041625	11	1	99215	25		-295.00	0.00	0.00	0.00	CO-144	-7.20	-58.84
REM: N172														
												CO-203	-96.04	
												CO-45	-102.92	
												PR-3	-30.00	
1013940584	0416	041625	11	1	82043	QW		-14.70	0.00	0.00	0.00	CO-45	-10.36	-4.34
1013940584	0416	041625	11	1	82570	QW		-17.85	0.00	0.00	0.00	CO-45	-13.96	-3.89
1013940584	0416	041625	11	1	G0446	XU		-61.88	0.00	0.00	0.00	PR-204	-61.88	0.00
1013940584	0416	041625	11	1	G0447	XU		0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	99401	25		0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	3060F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		-389.43	0.00	0.00	0.00		-322.36	-67.07
ADJ TO TOTAL: PREV PD INTEREST								0.00		LATE FILING CHARGE		0.00	NET	-67.07
STATUS CODE 22: Reversal of Previous Payment														

NAME SINCLAIR, KIM F HIC NSS891444944 ACNT 5896LMD642 ICN 27251081517002710 ASG Y MOA														
INSURED NAME: SINCLAIR, LINDA K														
1013940584	0416	041625	11	1	99215	25		295.00	192.08	0.00	0.00	CO-144	7.20	58.84
REM: N172														
												CO-203	96.04	
												CO-45	102.92	
												PR-3	30.00	
1013940584	0416	041625	11	1	82043	QW		14.70	4.34	0.00	0.00	CO-45	10.36	4.34
1013940584	0416	041625	11	1	82570	QW		17.85	3.89	0.00	0.00	CO-45	13.96	3.89
1013940584	0416	041625	11	1	G0446	XU		61.88	40.48	0.00	0.00	CO-144	3.04	37.44
												CO-45	21.40	
1013940584	0416	041625	11	1	G0447	XU		65.00	40.48	0.00	0.00	CO-144	3.04	37.44
												CO-45	24.52	
1013940584	0416	041625	11	1	99401	25		65.00	61.25	0.00	0.00	CO-144	4.60	56.65
												CO-45	3.75	
1013940584	0416	041625	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	3060F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	0513F			0.00	0.00	0.00	0.00			0.00
PT RESP	30.00					CLAIM TOTALS		519.43	342.52	0.00	0.00		320.83	198.60
ADJ TO TOTAL: PREV PD INTEREST								0.00		LATE FILING CHARGE		0.00	NET	198.60
STATUS CODE 1: Processed as Primary														



BCBSM			REMITTANCE
NPI #:	1982923660	TIMOTHY J TOBOLIC MD PLLC	ADVICE
EFT #:	742342831	PAGE #: 5 of 7	DATE: 2025-05-14

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME FLIER, JOSHUA J				HIC MMJ922515349 ACNT 5848LMD642				ICN 26251079508600710 ASG Y MOA						
INSURED NAME: FLIER, AMANDA A														
1306898036	0415	041525	11	1	99214	25		-219.00	0.00	0.00	0.00	CO-144	-5.36	-66.20
REM: N172												CO-203	-71.56	
												CO-45	-75.88	
1306898036	0415	041525	11	1	G0447	XU		-65.00	0.00	0.00	0.00	CO-144	-3.04	-37.44
												CO-45	-24.52	
1306898036	0415	041525	11	1	99401	25		-65.00	0.00	0.00	0.00	CO-144	-4.60	-56.65
												CO-45	-3.75	
1306898036	0415	041525	11	1	G0446	XU		-65.00	0.00	0.00	0.00	PR-204	-65.00	0.00
1306898036	0415	041525	11	1	36415			-20.00	0.00	0.00	0.00	CO-144	-0.38	-4.62
												CO-45	-15.00	
1306898036	0415	041525	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM TOTALS				-434.00	0.00	0.00	0.00		-269.09	-164.91
ADJ TO TOTAL: PREV PD								0.00	LATE FILING CHARGE			0.00	NET	-164.91
STATUS CODE 22: Reversal of Previous Payment														

NAME FLIER, JOSHUA J				HIC MMJ922515349 ACNT 5848LMD642				ICN 26251079508602710 ASG Y				MOA		
INSURED NAME: FLIER, AMANDA A														
1306898036	0415	041525	11	1	99214	25		219.00	143.12	0.00	0.00	CO-144	5.36	66.20
REM: N172														
1306898036	0415	041525	11	1	G0447	XU		65.00	40.48	0.00	0.00	CO-203	71.56	
												CO-45	75.88	
1306898036	0415	041525	11	1	99401	25		65.00	61.25	0.00	0.00	CO-144	3.04	37.44
												CO-45	24.52	
1306898036	0415	041525	11	1	G0446	XU		65.00	40.48	0.00	0.00	CO-144	4.60	56.65
												CO-45	3.75	
1306898036	0415	041525	11	1	G0446	XU		65.00	40.48	0.00	0.00	CO-144	3.04	37.44
												CO-45	24.52	
1306898036	0415	041525	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
1306898036	0415	041525	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0415	041525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM TOTALS				434.00	290.33	0.00	0.00			
ADJ TO TOTAL: PREV PD								0.00	LATE FILING CHARGE		0.00	231.65	202.35	
STATUS CODE 1: Processed as Primary								INTEREST				NET	202.35	

NAME TOBOLIC, STEPHEN M				HIC WYOM64854624 ACNT 5809LMD642				ICN 26251079545000710 ASG Y MOA						
INSURED NAME: TOBOLIC, KELLE M														
1013940584	0410	041025	11	1	99396	25		-327.00	0.00	0.00	0.00	CO-144	-12.44	-153.31
												CO-45	-161.25	
1013940584	0410	041025	11	1	G0513			-118.72	0.00	0.00	0.00	CO-144	-5.51	-67.92
												CO-45	-45.29	
1013940584	0410	041025	11	1	81003			-33.60	0.00	-2.25	0.00	CO-45	-31.35	0.00
1013940584	0410	041025	11	1	G0136	33		-65.00	0.00	0.00	0.00	PR-119	-65.00	0.00
1013940584	0410	041025	11	1	G0557	33		-94.10	0.00	0.00	0.00	CO-97	-94.10	0.00
1013940584	0410	041025	11	1	G0447	XU		-65.00	0.00	0.00	0.00	CO-144	-3.04	-37.44
												CO-45	-24.52	
1013940584	0410	041025	11	1	99401	25		-65.00	0.00	0.00	0.00	CO-144	-4.60	-56.65
												CO-45	-3.75	
1013940584	0410	041025	11	1	G0446	XU		-65.00	0.00	0.00	0.00	PR-204	-65.00	0.00
1013940584	0410	041025	11	1	96160	XU		-25.00	0.00	0.00	0.00	CO-144	-0.36	-4.43
												CO-45	-20.21	
1013940584	0410	041025	11	1	96127	XU		-40.00	0.00	0.00	0.00	CO-144	-0.56	-6.90
												CO-45	-32.54	
1013940584	0410	041025	11	1	3074F			0.00	0.00	0.00	0.00			
1013940584	0410	041025	11	1	3078F			0.00	0.00	0.00	0.00			
1013940584	0410	041025	11	1	G9622			0.00	0.00	0.00	0.00			
1013940584	0410	041025	11	1	G8510			0.00	0.00	0.00	0.00			
1013940584	0410	041025	11	1	1036F			0.00	0.00	0.00	0.00			
PT RESP 0.00				CLAIM TOTALS				-898.42	0.00	-2.25	0.00			
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	-326.65
STATUS CODE 22: Reversal of Previous Payment														



END	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME TOBOLIC, STEPHEN M HIC WYOM64854624 ACNT 5809LMD642 ICN 26251079545002710 ASG Y MOA														
INSURED NAME: TOBOLIC, KELLE M														
1013940584	0410	041025	11	1	99396	25		327.00	165.75	0.00	0.00	CO-144	12.44	153.31
												CO-45	161.25	
1013940584	0410	041025	11	1	G0513			118.72	73.43	0.00	0.00	CO-144	5.51	67.92
												CO-45	45.29	
1013940584	0410	041025	11	1	81003			33.60	2.25	2.25	0.00	CO-45	31.35	0.00
1013940584	0410	041025	11	1	G0136	33		65.00	0.00	0.00	0.00	PR-119	65.00	0.00
1013940584	0410	041025	11	1	G0557	33		94.10	0.00	0.00	0.00	CO-97	94.10	0.00
1013940584	0410	041025	11	1	G0447	XU		65.00	40.48	0.00	0.00	CO-144	3.04	37.44
												CO-45	24.52	
1013940584	0410	041025	11	1	99401	25		65.00	61.25	0.00	0.00	CO-144	4.60	56.65
												CO-45	3.75	
1013940584	0410	041025	11	1	G0446	XU		65.00	40.48	0.00	0.00	CO-144	3.04	37.44
												CO-45	24.52	
1013940584	0410	041025	11	1	96160	XU		25.00	4.79	0.00	0.00	CO-144	0.36	4.43
												CO-45	20.21	
1013940584	0410	041025	11	1	96127	XU		40.00	7.46	0.00	0.00	CO-144	0.56	6.90
												CO-45	32.54	
1013940584	0410	041025	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0410	041025	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0410	041025	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0410	041025	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0410	041025	11	1	1036F			0.00	0.00	0.00	0.00			0.00
PT RESP	67.25				CLAIM	TOTALS		898.42	395.89	2.25	0.00		532.08	364.09
ADJ TO TOTAL: PREV PD INTEREST								0.00	LATE FILING CHARGE			0.00	NET	364.09
STATUS CODE 1: Processed as Primary														
NAME BORRINK, KATIE L HIC GHP921961476 ACNT 5807LMD642 ICN 27251064661200710 ASG Y MOA														
INSURED NAME: BORRINK, ANDREW W														
1013940584	0409	040925	11	1	99213	25		-146.00	0.00	0.00	0.00	CO-144	-7.40	-66.29
												CO-45	-47.31	
												PR-3	-25.00	
1013940584	0409	040925	11	1	G0446	XU		-61.88	0.00	0.00	0.00	PR-167	-61.88	0.00
1013940584	0409	040925	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0409	040925	11	1	3079F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		-207.88	0.00	0.00	0.00		-141.59	-66.29
ADJ TO TOTAL: PREV PD INTEREST								0.00	LATE FILING CHARGE			0.00	NET	-66.29
STATUS CODE 22: Reversal of Previous Payment														
NAME BORRINK, KATIE L HIC GHP921961476 ACNT 5807LMD642 ICN 27251064661202710 ASG Y MOA														
INSURED NAME: BORRINK, ANDREW W														
1013940584	0409	040925	11	1	99213	25		146.00	98.69	0.00	0.00	CO-144	7.40	66.29
												CO-45	47.31	
												PR-3	25.00	
1013940584	0409	040925	11	1	G0446	XU		61.88	40.48	0.00	0.00	CO-144	3.04	37.44
												CO-45	21.40	
1013940584	0409	040925	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0409	040925	11	1	3079F			0.00	0.00	0.00	0.00			0.00
PT RESP	25.00				CLAIM	TOTALS		207.88	139.17	0.00	0.00		104.15	103.73
ADJ TO TOTAL: PREV PD INTEREST								0.00	LATE FILING CHARGE			0.00	NET	103.73
STATUS CODE 1: Processed as Primary														
NAME FULLER, KENNETH L HIC RMH893342977 ACNT 5387LMD642 ICN 26250809083300710 ASG Y MOA														
INSURED NAME: FULLER, KENNETH L														
1013940584	0319	031925	11	1	99214			-219.00	0.00	0.00	0.00	CO-144	-10.74	-102.38
												CO-45	-75.88	
												PR-3	-30.00	
1013940584	0319	031925	11	1	G0446	33		-61.88	0.00	0.00	0.00	PR-204	-61.88	0.00
1013940584	0319	031925	11	1	3077F			0.00	0.00	0.00	0.00			0.00
1013940584	0319	031925	11	1	3080F			0.00	0.00	0.00	0.00			0.00
1013940584	0319	031925	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0319	031925	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0319	031925	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0319	031925	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0319	031925	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0319	031925	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		-280.88	0.00	0.00	0.00		-178.50	-102.38
ADJ TO TOTAL: PREV PD INTEREST								0.00	LATE FILING CHARGE			0.00	NET	-102.38
STATUS CODE 22: Reversal of Previous Payment														



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME FULLER, KENNETH L				HIC	RMH893342977	ACNT	5387LMD642	ICN 26250809083302710		ASG	Y	MOA		
1013940584	0319	031925	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	0319	031925	11	1	G0446	33		61.88	0.00	0.00	0.00	CO-234	61.88	0.00
REM: N20														
1013940584	0319	031925	11	1	3077F			0.00	0.00	0.00	0.00			0.00
1013940584	0319	031925	11	1	3080F			0.00	0.00	0.00	0.00			0.00
1013940584	0319	031925	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0319	031925	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0319	031925	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0319	031925	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0319	031925	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0319	031925	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		30.00		CLAIM TOTALS				280.88	143.12	0.00	0.00		178.50	102.38
ADJ TO TOTAL: PREV PD								0.00	LATE FILING	CHARGE		0.00	NET	102.38
STATUS CODE 1: Processed as Primary														

NAME FULLER, KENNETH L				HIC	RMH893342977	ACNT	5581LMD642	ICN 26251255066900710		ASG	Y	MOA	N152	
1013940584	0331	033125	11	1	99214	25	219.00	0.00	0.00	0.00	PI-16	219.00	0.00	
REM: N152														
1013940584	0331	033125	11	1	G0447	XU	65.00	0.00	0.00	0.00	PI-16	65.00	0.00	
REM: N152														
1013940584	0331	033125	11	1	99401	25	65.00	0.00	0.00	0.00	PI-16	65.00	0.00	
REM: N152														
1013940584	0331	033125	11	1	G0446	XU	61.88	0.00	0.00	0.00	PI-16	61.88	0.00	
REM: N152														
1013940584	0331	033125	11	1	3008F		0.00	0.00	0.00	0.00			0.00	
1013940584	0331	033125	11	1	3008F		0.00	0.00	0.00	0.00			0.00	
1013940584	0331	033125	11	1	2001F		0.00	0.00	0.00	0.00			0.00	
1013940584	0331	033125	11	1	2000F		0.00	0.00	0.00	0.00			0.00	
1013940584	0331	033125	11	1	1000F		0.00	0.00	0.00	0.00			0.00	
1013940584	0331	033125	11	1	1159F		0.00	0.00	0.00	0.00			0.00	
1013940584	0331	033125	11	1	1160F		0.00	0.00	0.00	0.00			0.00	
PT RESP		0.00		CLAIM TOTALS			410.88	0.00	0.00	0.00		410.88	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 SNYDER, JOHN		HIC TIY892466683		ACNT 6069LMD642		ICN 27251212414500710		ASG Y	MOA			
INSURED NAME: SNYDER, CHERYL												
1306898036		0424 042425 10		1	98966	25.00	0.00	0.00	0.00	PR-27	25.00	0.00
PT RESP		25.00		CLAIM TOTALS		25.00	0.00	0.00	0.00		25.00	0.00
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE		0.00	NET	0.00	
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:				PLB	REASON	CODE	FCN/OTHER	IDENTIFIER	HIC	AMOUNT	
				Interest Owed (L6)						-4.61	
TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV	PD	PROV	CHECK	
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	AMT	ADJ AMT	AMT	
	22	2649.60	2774.22	0.00	11.52	1402.56	1240.13		-4.61	1240.13	

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.

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

N152 Missing / incomplete / invalid replacement claim information.

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.

N286 Missing / incomplete / invalid referring provider primary identifier.

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

PR-1 Deductible Amount

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

PR-167 This (these) diagnosis(es) is (are) not covered.

PR-2 Coinsurance Amount

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

PR-27 Expenses incurred after coverage terminated.

PR-3 Co-payment Amount

