

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

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC

BYRON CENTER, MI 493156928

NPI #: 1982923660
PAGE #: 1 of 3
DATE: 2025-06-04
EFT #: 742519108
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME JACOBI, BRETT D HIC MMJ892758483 ACNT 6613LMD642 ICN 26251484258800710 ASG Y MOA														
INSURED NAME: JACOBI, DOUGLAS M														
1013940584	0523	052325	11	1	99214	25		219.00	143.12	143.12	0.00	CO-45	75.88	0.00
1013940584	0523	052325	11	1	G0444	XU		29.45	29.45	0.00	0.00	CO-144	2.21	27.24
1013940584	0523	052325	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0523	052325	11	1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0523	052325	11	1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0523	052325	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0523	052325	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0523	052325	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0523	052325	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0523	052325	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0523	052325	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0523	052325	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0523	052325	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP 143.12 CLAIM TOTALS								248.45	172.57	143.12	0.00	78.09	27.24	
ADJ TO TOTAL: PREV PD INTEREST								0.00	LATE FILING CHARGE	0.00	NET	27.24		
STATUS CODE 1: Processed as Primary														

NAME ROBBINS, JACOB J HIC MMJM02114473 ACNT 6561LMD642 ICN 26251439638600710 ASG Y MOA														
1306898036 0521 052125 11 1 99395 25 297.00 155.93 0.00 0.00 CO-144 11.70 144.23														
CO-45 141.07														
1306898036	0521	052125	11	1	G0136	33		34.80	0.00	0.00	0.00	PR-119	34.80	0.00
1306898036	0521	052125	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
CO-45 15.00														
1306898036	0521	052125	11	1	G0442	XU		30.00	30.00	0.00	0.00	CO-144	2.25	27.75
1306898036	0521	052125	11	1	G0444	XU		29.45	0.00	0.00	0.00	CO-234	29.45	0.00
REM: N20														
1306898036	0521	052125	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0521	052125	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0521	052125	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0521	052125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0521	052125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0521	052125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0521	052125	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0521	052125	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0521	052125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0521	052125	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP 34.80 CLAIM TOTALS								411.25	190.93	0.00	0.00	234.65	176.60	
ADJ TO TOTAL: PREV PD INTEREST								0.00	LATE FILING CHARGE	0.00	NET	176.60		
STATUS CODE 1: Processed as Primary														

NAME IRWIN, ELEANOR C HIC KCWM66241714 ACNT 6616LMD642 ICN 26251484259200710 ASG Y MOA														
INSURED NAME: IRWIN, CARRIE B														
1013940584	0523	052325	11	1	99214			241.68	143.12	0.00	0.00	CO-144	10.74	107.38
CO-45 98.56														
PR-3 25.00														
1013940584	0523	052325	11	1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0523	052325	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0523	052325	11	1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0523	052325	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0523	052325	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0523	052325	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0523	052325	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0523	052325	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0523	052325	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0523	052325	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0523	052325	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP 25.00 CLAIM TOTALS								241.68	143.12	0.00	0.00	134.30	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 IRWIN, ELEANOR C				HIC KCWM66241714 ACNT 6615LMD642				ICN 26251484260300710 ASG Y MOA						
INSURED NAME: IRWIN, CARRIE B														
1013940584	1223	122324	11	1	99213			146.00	98.69	0.00	0.00	CO-144	7.40	66.29
												CO-45	47.31	
												PR-3	25.00	
1013940584	1223	122324	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	1223	122324	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	1223	122324	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	1223	122324	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	1223	122324	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	1223	122324	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	25.00					CLAIM TOTALS		146.00	98.69	0.00	0.00		79.71	66.29
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE				0.00	NET 66.29
STATUS CODE 1: Processed as Primary														

NAME DAMOOSE, LYNDA L				HIC MZO893196534 ACNT 6619LMD642				ICN 27251492678600710 ASG Y				MOA		
INSURED NAME: DAMOOSE, RYAN T														
1306898036	0523	052325	11	1	99396 25			327.00	165.75	0.00	0.00	CO-144	12.44	153.31
												CO-45	161.25	
1306898036	0523	052325	11	1	G0136 33			65.00	0.00	0.00	0.00	PR-119	65.00	0.00
1306898036	0523	052325	11	1	G0557			94.10	0.00	0.00	0.00	CO-97	94.10	0.00
1306898036	0523	052325	11	1	85610			21.00	0.00	0.00	0.00	PR-119	21.00	0.00
1306898036	0523	052325	11	1	90715			87.00	48.04	0.00	0.00	CO-45	38.96	48.04
1306898036	0523	052325	11	1	90460			42.38	0.00	0.00	0.00	CO-6	42.38	0.00
REM: N129														
1306898036	0523	052325	11	1	G0442 XU			30.00	30.00	0.00	0.00	CO-144	2.25	27.75
1306898036	0523	052325	11	1	G0444 XU			29.45	0.00	0.00	0.00	CO-234	29.45	0.00
REM: N20														
1306898036	0523	052325	11	1	G0447 XU			65.00	40.48	0.00	0.00	CO-144	3.04	37.44
												CO-45	24.52	
1306898036	0523	052325	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	86.00			CLAIM TOTALS				760.93	284.27	0.00	0.00		494.39	266.54
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	266.54
STATUS CODE 1: Processed as Primary														

NAME GRAHAM, ROBERT L				HIC BUB919140824 ACNT 6534LMD642				ICN 26251439632800710 ASG Y MOA						
1306898036	0520	052025	11	1	99214 25			219.00	143.12	0.00	0.00	CO-144	5.36	46.20
												CO-45	75.88	
												PI-204	71.56	
												PR-3	20.00	
1306898036	0520	052025	11	1	99401 25			65.00	61.25	0.00	0.00	CO-144	4.60	56.65
												CO-45	3.75	
1306898036	0520	052025	11	1	G0447 XU			65.00	40.48	0.00	4.05	CO-144	3.04	33.39
												CO-45	24.52	
1306898036	0520	052025	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0520	052025	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0520	052025	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0520	052025	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0520	052025	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0520	052025	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0520	052025	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0520	052025	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0520	052025	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	24.05				CLAIM TOTALS			349.00	244.85	0.00	4.05		208.71	136.24
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	136.24
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
	6	2157.31	1134.43	143.12	4.05	1229.85	780.29	0.00	780.29

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

CO-144 Incentive adjustment, e.g. preferred product / 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-6 The procedure / revenue code is inconsistent with the patient's age.

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

N129 Not eligible due to the patient's age.

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

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

PR-1 Deductible Amount



BCBSM			REMITTANCE
NPI #:	1982923660	TIMOTHY J TOBOLIC MD PLLC	ADVICE
EFT #:	742519108	PAGE #: 3 of 3	DATE: 2025-06-04
PR-119	Benefit maximum for this time period or occurrence has been reached.		
PR-2	Coinsurance Amount		
PR-3	Co-payment Amount		

