

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES []  
P.O. BOX 30479  
LANSING, MI 48909

REMITTANCE  
ADVICE

TIMOTHY TOBOLIC, MD, PLLC [CV0012104]  
7740 BYRON CENTER AVE SW

TAX ID #: 272620668  
PAGE #: 1 of 1  
DATE: 2025-04-03  
NONPAY #: 80871335

BYRON CENTER, MI 493156928

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME LOSEY, CAMERON S					HIC 0041656110	ACNT 1659LMD642				ICN 312508570284945000	ASG Y MOA N10	
1306898036	0813	081324	11	1	99080 51		100.00	0.00	0.00	0.00	CO-B13 100.00	0.00
					REM: N448 N799 N65 N56							
1306898036	0813	081324	11	1	G8476		0.00	0.00	0.00	0.00		0.00
					REM: N522							
1306898036	0813	081324	11	1	G8420		0.00	0.00	0.00	0.00		0.00
					REM: N522							
1306898036	0813	081324	11	1	3075F		0.00	0.00	0.00	0.00		0.00
					REM: N522							
1306898036	0813	081324	11	1	3078F		0.00	0.00	0.00	0.00		0.00
					REM: N522							
PT RESP		0.00			CLAIM TOTALS		100.00	0.00	0.00	0.00	100.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 4: Denied											NET	

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	100.00	0.00	0.00	0.00	100.00	0.00	0.00	0.00

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

CO-B13	Previously paid. Payment for this claim / service may have been provided in a previous payment.
N10	Payment based on the findings of a review organization / professional consult / manual adjudication / medical or dental advisor.
N448	This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement
N522	Duplicate of a claim processed as a crossover claim.
N56	Procedure code billed is not correct / valid for the services billed or the date of service billed.
N65	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service / provider.
N799	Submitted identifier must be an individual identifier, not group identifier.

