

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 3
DATE: 2025-04-02
EFT #: 509732195
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME DEAMUD, DAVID W				HIC XYQM02457418 ACNT				5382	LMD642	ICN 26250809088900710 ASG Y				MOA
INSURED NAME: DEAMUD, JENNIFER W														
1013940584	0319	031925	11	1	99386			388.00	0.00	0.00	0.00	CO-16	388.00	0.00
							REM: N56							
1013940584	0319	031925	11	1	99213	25		146.00	98.69	98.69	0.00	CO-45	47.31	0.00
1013940584	0319	031925	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
1013940584	0319	031925	11	1	G0136	33		34.80	30.36	30.36	0.00	CO-45	4.44	0.00
1013940584	0319	031925	11	1	96127	XU		40.00	7.46	0.00	0.00	CO-144	0.56	6.90
1013940584	0319	031925	11	1	96160	XU		5.30	4.79	0.00	0.00	CO-144	0.36	4.43
1013940584	0319	031925	11	1	0513F			0.00	0.00	0.00	0.00			0.00
1013940584	0319	031925	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0319	031925	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0319	031925	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0319	031925	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0319	031925	11	1	3079F			0.00	0.00	0.00	0.00			0.00
PT RESP 129.05							CLAIM TOTALS	634.10	146.30	129.05	0.00		489.10	15.95
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE		0.00	NET	15.95
STATUS CODE 1: Processed as Primary														

NAME GROENEVELD, JENNIE M				HIC XYQ894326244 ACNT				5423	LMD642	ICN 27250846392600710 ASG Y				MOA
INSURED NAME: GROENEVELD, KENNETH I														
1013940584	0324	032425	11	1	99213	25		146.00	98.69	0.00	0.00	CO-144	7.40	61.29
1013940584	0324	032425	11	1	20610			155.00	0.00	0.00	0.00	CO-16	155.00	0.00
							REM: N572							
1013940584	0324	032425	11	60	J1010			60.00	3.60	3.60	0.00	CO-45	56.40	0.00
1013940584	0324	032425	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0324	032425	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0324	032425	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0324	032425	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0324	032425	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0324	032425	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0324	032425	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0324	032425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP 33.60							CLAIM TOTALS	361.00	102.29	3.60	0.00		296.11	61.29
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE		0.00	NET	61.29
STATUS CODE 1: Processed as Primary														

NAME RYBICKI, PATRICIA M				HIC U3S832058905 ACNT				5341	LMD642	ICN 26250782192100710 ASG Y				MOA
1013940584	1216	121624	11	1	99387			420.00	0.00	0.00	0.00	CO-119	420.00	0.00
							REM: N416							
1013940584	1216	121624	11	1	99214	25		219.00	143.12	143.12	0.00	CO-45	75.88	0.00
1013940584	1216	121624	11	1	96127	XU		40.00	7.46	0.00	0.00	CO-144	0.56	6.90
1013940584	1216	121624	11	1	96160	XU		5.30	4.79	4.79	0.00	CO-45	0.51	0.00
1013940584	1216	121624	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1216	121624	11	1	G2211			25.00	0.00	0.00	0.00	CO-97	25.00	0.00
1013940584	1216	121624	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1216	121624	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1216	121624	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	1216	121624	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	1216	121624	11	1	1158F			0.00	0.00	0.00	0.00			0.00
PT RESP 147.91							CLAIM TOTALS	709.30	155.37	147.91	0.00		554.49	6.90
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE		0.00	NET	6.90
STATUS CODE 1: Processed as Primary														



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EFT #:	509732195	PAGE #: 2 of 3	DATE: 2025-04-02

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WALKER, BEVERLY A												
					HIC YZD188M98938	ACNT 5304LMD642			ICN 27250774520100710	ASG Y	MOA	
1013940584	0317	031725	11	1	99214 25		219.00	143.12	0.00	0.00	CO-144	107.38
											CO-45	75.88
											PR-3	25.00
1013940584	0317	031725	11	1	G0446 XU		61.88	40.48	0.00	0.00	CO-144	37.44
											CO-45	21.40
1013940584	0317	031725	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0317	031725	11	1	3078F		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	25.00				CLAIM TOTALS		280.88	183.60	0.00	0.00		144.82
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	144.82
STATUS CODE 1: Processed as Primary												
NAME DAMSTRA, DEBRA L												
					HIC MSE893355119	ACNT 3539LMD642			ICN 26250867024600710	ASG Y	MOA N152	
1013940584	1212	121224	11	1	99397 25		341.00	0.00	0.00	0.00	PI-16	0.00
					REM: N152							
1013940584	1212	121224	11	1	96127 XU		40.00	0.00	0.00	0.00	PI-16	0.00
					REM: N152							
1013940584	1212	121224	11	1	96127 XU		40.00	0.00	0.00	0.00	PI-16	0.00
					REM: N152							
1013940584	1212	121224	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	1212	121224	11	1	36415		15.00	0.00	0.00	0.00	PI-16	0.00
					REM: N152							
1013940584	1212	121224	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	1212	121224	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	1212	121224	11	1	1158F		0.00	0.00	0.00	0.00		0.00
1013940584	1212	121224	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	1212	121224	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		436.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 1: Processed as Primary												
NAME NSHIME, NOLAN												
					HIC AMK913377495	ACNT 5371LMD642			ICN 26250792091500710	ASG Y	MOA	
1013940584	0318	031825	11	1	99383		268.00	0.00	0.00	0.00	PR-31	0.00
1013940584	0318	031825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	268.00				CLAIM TOTALS		268.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 4: Denied												
NAME BAUMGARD, RYAN B												
					HIC SFLH45832862	ACNT 5372LMD642			ICN 26250792169600710	ASG Y	MOA	
1013940584	0318	031825	11	1	99393		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	1	99213 25		146.00	98.69	49.35	0.00	CO-203	0.00
					REM: N172						CO-45	47.31
1013940584	0318	031825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0318	031825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	49.35				CLAIM TOTALS		146.00	98.69	49.35	0.00		0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 1: Processed as Primary												
NAME LICATA, CARMELO												
					HIC HHJM69511445	ACNT 5360LMD642			ICN 26250856750000710	ASG Y	MOA N142	
1306898036	0318	031825	11	1	83036 QW		60.90	0.00	0.00	0.00	PI-16	0.00
					REM: N142							
1306898036	0318	031825	11	1	3044F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		60.90	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 1: Processed as Primary												
NAME LICATA, CARMELO												
					HIC HHJM69511445	ACNT 5360LMD642			ICN 26250867026000710	ASG Y	MOA N142	
1306898036	0318	031825	11	1	83036 QW		60.90	0.00	0.00	0.00	PI-16	0.00
					REM: N142							
1306898036	0318	031825	11	1	3044F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		60.90	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 1: Processed as Primary												



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME MOORE, AARON						HIC XYQM62977801 ACNT 5301LMD642		ICN 27250773658200710 ASG Y MOA						
INSURED NAME: MOORE, WYNDI														
1013940584	1127	112724	11	1	99213			-146.00	0.00	0.00	0.00	PR-27	-146.00	0.00
1013940584	1127	112724	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1127	112724	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1127	112724	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	1127	112724	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	1127	112724	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	1127	112724	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	1127	112724	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	1127	112724	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			-146.00	0.00	0.00	0.00		-146.00	0.00
ADJ TO TOTAL: PREV PD								0.00	LATE FILING CHARGE			0.00	NET	0.00
STATUS CODE 22: Reversal of Previous Payment														

NAME MOORE, AARON				HIC XYQM62977801 ACNT 5301LMD642				ICN 27250773658202710 ASG Y				MOA	
INSURED NAME: MOORE, WYNDI													
1013940584	1127	112724	11	1	99213	146.00	0.00	0.00	0.00	PR-27	146.00	0.00	
1013940584	1127	112724	11	1	3074F	0.00	0.00	0.00	0.00			0.00	
1013940584	1127	112724	11	1	3078F	0.00	0.00	0.00	0.00			0.00	
1013940584	1127	112724	11	1	3008F	0.00	0.00	0.00	0.00			0.00	
1013940584	1127	112724	11	1	2001F	0.00	0.00	0.00	0.00			0.00	
1013940584	1127	112724	11	1	2000F	0.00	0.00	0.00	0.00			0.00	
1013940584	1127	112724	11	1	1000F	0.00	0.00	0.00	0.00			0.00	
1013940584	1127	112724	11	1	1159F	0.00	0.00	0.00	0.00			0.00	
1013940584	1127	112724	11	1	1160F	0.00	0.00	0.00	0.00			0.00	
PT RESP	146.00	CLAIM TOTALS			146.00	0.00	0.00	0.00			146.00	0.00	
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE			0.00	NET	0.00	
STATUS CODE 1: Processed as Primary													

NAME SCHIERBEEK, LUANNE				HIC MSR916515303 ACNT 3682LMD642				ICN 27250846407700710 ASG Y MOA N152						
1013940584	1218	121824	11	1	99396 25			327.00	0.00	0.00	0.00	PI-16	327.00	0.00
REM: N152														
1013940584	1218	121824	11	1	36415			15.00	0.00	0.00	0.00	PI-16	15.00	0.00
REM: N152														
1013940584	1218	121824	11	1	96127 XU			40.00	0.00	0.00	0.00	PI-16	40.00	0.00
REM: N152														
1013940584	1218	121824	11	1	96127 XU			40.00	0.00	0.00	0.00	PI-16	40.00	0.00
REM: N152														
1013940584	1218	121824	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			422.00	0.00	0.00	0.00		422.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	12	3379.08	686.25	329.91	0.00	2820.21	228.96	0.00	228.96

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

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

CO-144 Incentive adjustment, e.g. preferred product / service.

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

CO-203 Discontinued or reduced service.

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

N142 The original claim was denied. Resubmit a new claim, not a replacement claim.

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.

N416 This service is allowed 1 time in a 3-year period. (This temporary code will be deactivated on 2 / 1/09. Must be used with Reason Code 119.)

N56 Procedure code billed is not correct / valid for the services billed or the date of service billed.

N572 This procedure is not payable unless non-payable reporting codes and appropriate modifiers are submitted.

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

PR-1 Deductible Amount

PR-27 Expenses incurred after coverage terminated.

PR-3 Co-payment Amount

PR-31 Claim denied as patient cannot be identified as our insured.

