

BLUE CROSS BLUE SHIELD OF MICH []
P.O. BOX 553912
DETROIT, MI 482553912
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC
7740 BYRON CENTER AVE

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-03-18
EFT #: 604054133
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME SOBESKY, ADRIAN J			HIC		XYL991486949	ACNT	5052LMD642		ICN	250304128617	ASG Y	MOA	
1306898036	0228	022825	11	1	3074F		0.00	0.00	0.00	0.00		0.00	
1306898036	0228	022825	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67	
											CO-253	0.10	
1306898036	0228	022825	11	1	99214		219.00	120.84	120.84	0.00	CO-45	98.16	
1306898036	0228	022825	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92	
											CO-253	0.12	
1306898036	0228	022825	11	1	3078F		0.00	0.00	0.00	0.00		0.00	
1306898036	0228	022825	11	1	3061F		0.00	0.00	0.00	0.00		0.00	
PT RESP	120.84				CLAIM	TOTALS	251.55	131.80	120.84	0.00		119.97	
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	10.74
STATUS CODE 1: Processed as Primary													

NAME CAMPO, MICHAEL J			HIC		XYL993587728	ACNT	5096LMD642		ICN	250306351042	ASG Y	MOA	
1306898036	0304	030425	11	1	99497	25	132.00	77.66	77.66	0.00	CO-45	54.34	
1306898036	0304	030425	11	1	3074F		0.00	0.00	0.00	0.00		0.00	
1306898036	0304	030425	11	1	G8510		0.00	0.00	0.00	0.00		0.00	
1306898036	0304	030425	11	1	G0444	33 XU	29.45	16.22	0.00	0.00	CO-45	13.23	
											CO-253	0.32	
1306898036	0304	030425	11	1	G0136	33	34.80	17.40	17.40	0.00	CO-45	17.40	
1306898036	0304	030425	11	1	G2211		25.00	0.00	0.00	0.00	CO-16	25.00	
REM: M51													
1306898036	0304	030425	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-45	13.78	
											CO-253	0.32	
1306898036	0304	030425	11	1	3078F		0.00	0.00	0.00	0.00		0.00	
1306898036	0304	030425	11	1	G9622		0.00	0.00	0.00	0.00		0.00	
1306898036	0304	030425	11	1	1036F		0.00	0.00	0.00	0.00		0.00	
PT RESP	95.06				CLAIM	TOTALS	251.25	127.50	95.06	0.00		124.39	
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	31.80
STATUS CODE 1: Processed as Primary													

NAME ZUIVERINK, CAROLE S			HIC		XYL993691124	ACNT	5126LMD642		ICN	250306351051	ASG Y	MOA	
1013940584	0305	030525	11	1	G8510		0.00	0.00	0.00	0.00		0.00	
1013940584	0305	030525	11	1	G0444	33 XU	29.45	16.22	0.00	0.00	CO-45	13.23	
											CO-253	0.32	
1013940584	0305	030525	11	1	99495		318.00	0.00	0.00	0.00	CO-B13	318.00	
REM: M86													
1013940584	0305	030525	11	1	G2211		25.00	0.00	0.00	0.00	CO-16	25.00	
REM: M51													
1013940584	0305	030525	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	
											CO-253	0.18	
1013940584	0305	030525	11	1	G8510		0.00	0.00	0.00	0.00		0.00	
1013940584	0305	030525	11	1	3077F		0.00	0.00	0.00	0.00		0.00	
1013940584	0305	030525	11	1	3078F		0.00	0.00	0.00	0.00		0.00	
PT RESP	0.00				CLAIM	TOTALS	392.45	25.31	0.00	0.00		367.64	
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	24.81
STATUS CODE 1: Processed as Primary													



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DATE: 2025-03-18

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SMITH, LARRY D					HIC	XYL990246073	ACNT	5087LMD642	ICN	250306351592	ASG Y	MOA
1013940584	0304	030425	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	82570 QW		17.85	5.18	0.00	0.00	CO-45	12.67
											CO-253	0.10
1013940584	0304	030425	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00
												0.00
					REM: N20							
1013940584	0304	030425	11	1	99214 25		219.00	120.84	0.00	0.00	CO-45	98.16
											CO-253	2.02
											PR-3	20.00
1013940584	0304	030425	11	1	82043 QW		14.70	5.78	0.00	0.00	CO-45	8.92
											CO-253	0.12
1013940584	0304	030425	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0304	030425	11	1	1000F		0.00	0.00	0.00	0.00		0.00
PT RESP	20.00				CLAIM TOTALS		276.55	131.80	0.00	0.00		166.99
ADJ TO TOTAL: PREV PD					INTEREST		0.00					109.56
STATUS CODE 1: Processed as Primary											0.00	NET

NAME ZUIVERINK, CAROLE S					HIC	XYL993691124	ACNT	5125LMD642	ICN	250306352520	ASG Y	MOA
1013940584	0303	030325	10	1	98966		25.00	12.59	0.00	0.00	CO-45	12.41
											CO-253	0.25
PT RESP	0.00				CLAIM TOTALS		25.00	12.59	0.00	0.00		12.66
ADJ TO TOTAL: PREV PD					INTEREST		0.00					12.34
STATUS CODE 1: Processed as Primary											0.00	NET

NAME NICKELS, JOANN M					HIC	XYL918005291	ACNT	5128LMD642	ICN	250307454677	ASG Y	MOA
1013940584	0306	030625	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00
												0.00
					REM: N20							
1013940584	0306	030625	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	99214 25		219.00	120.84	120.84	0.00	CO-45	98.16
1013940584	0306	030625	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	1000F		0.00	0.00	0.00	0.00		0.00
PT RESP	120.84				CLAIM TOTALS		244.00	120.84	120.84	0.00		123.16
ADJ TO TOTAL: PREV PD					INTEREST		0.00					0.00
STATUS CODE 1: Processed as Primary											0.00	NET

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	6	1440.80	549.84	336.74	0.00	914.81	189.25	0.00	189.25

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

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

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

CO-253 Sequestration - reduction in federal spending

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.

M51 Missing / incomplete / invalid procedure code(s).

M86 Service denied because payment already made for same / similar procedure within set time frame.

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

PR-1 Deductible Amount

PR-3 Co-payment Amount

