

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 4
DATE: 2025-04-23
EFT #: 742169989
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MASTELLONE, NEIL HIC JXP923045797 ACNT 5785LMD642							ICN 26251048927000710 ASG Y MOA					
INSURED NAME: MASTELLONE, JENNA												
1013940584	0410	041025	11	1	99393		270.00	139.39	0.00	0.00	CO-144 10.45 CO-45 130.61	128.94
PT RESP 0.00 CLAIM TOTALS							270.00	139.39	0.00	0.00	141.06	128.94
ADJ TO TOTAL: PREV PD INTEREST							0.00				NET 128.94	
STATUS CODE 1: Processed as Primary												

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	143.12	0.00	0.00	CO-144 5.36 CO-203 71.56 CO-45 75.88	66.20
REM: N172												
1306898036	0415	041525	11	1	G0447 XU		65.00	40.48	0.00	0.00	CO-144 3.04 CO-45 24.52	37.44
1306898036	0415	041525	11	1	99401 25		65.00	61.25	0.00	0.00	CO-144 4.60 CO-45 3.75	56.65
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	5.00	0.00	0.00	CO-144 0.38 CO-45 15.00	4.62
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 65.00 CLAIM TOTALS							434.00	249.85	0.00	0.00	269.09	164.91
ADJ TO TOTAL: PREV PD INTEREST							0.00				NET 164.91	
STATUS CODE 1: Processed as Primary												

NAME HACKLEY, RENAE S HIC MMJ914135142 ACNT 5781LMD642							ICN 26251048919000710 ASG Y MOA					
1013940584 0410 041025 11 1 99396 25							327.00	165.75	0.00	0.00	CO-144 12.44 CO-45 161.25	153.31
1013940584 0410 041025 11 1 G0136 33							34.80	0.00	0.00	0.00	PR-119 34.80	0.00
1013940584 0410 041025 11 1 36415							20.00	5.00	0.00	0.00	CO-144 0.38 CO-45 15.00	4.62
1013940584 0410 041025 11 1 96127 XU							40.00	7.46	0.00	0.00	CO-144 0.56 CO-45 32.54	6.90
1013940584 0410 041025 11 1 96160 XU							25.00	4.79	0.00	0.00	CO-144 0.36 CO-45 20.21	4.43
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 34.80 CLAIM TOTALS							446.80	183.00	0.00	0.00	277.54	169.26
ADJ TO TOTAL: PREV PD INTEREST							0.00				NET 169.26	
STATUS CODE 1: Processed as Primary												



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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SEXTON, LILIA		HIC		MMJ894191275		ACNT	5734LMD642	ICN		27251016591700710	ASG Y	MOA
INSURED NAME: SEXTON, DANYELLE												
1306898036	0408	040825	11	1	99395	25	297.00	155.93	0.00	0.00	CO-144	144.23
											CO-45	141.07
1306898036	0408	040825	11	1	G0136	33	34.80	0.00	0.00	0.00	PR-119	0.00
1306898036	0408	040825	11	1	96127	XU	40.00	7.46	0.00	0.00	CO-144	6.90
											CO-45	32.54
1306898036	0408	040825	11	1	96160	XU	10.00	4.79	0.00	0.00	CO-144	4.43
											CO-45	5.21
1306898036	0408	040825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	11	1	1036F		0.00	0.00	0.00	0.00		0.00
PT RESP	34.80				CLAIM TOTALS		381.80	168.18	0.00	0.00		155.56
ADJ TO TOTAL: PREV PD				INTEREST			0.00		LATE FILING CHARGE		0.00	NET 155.56
STATUS CODE 1: Processed as Primary												

NAME MOORE, KARI L		HIC		WYO916620136		ACNT	5842LMD642	ICN		27251064668000710	ASG Y	MOA
INSURED NAME: MOORE, BRADLEY J												
1013940584	0415	041525	11	1	99214	25	219.00	143.12	0.00	0.00	CO-144	36.20
											CO-203	71.56
											CO-45	75.88
											PR-3	30.00
1013940584	0415	041525	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	11	1	96127	XU	40.00	7.46	0.00	0.00	CO-144	6.90
											CO-45	32.54
1013940584	0415	041525	11	1	G0447	XU	0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	11	1	99401	25	0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	30.00				CLAIM TOTALS		259.00	150.58	0.00	0.00		43.10
ADJ TO TOTAL: PREV PD				INTEREST			0.00		LATE FILING CHARGE		0.00	NET 43.10
STATUS CODE 1: Processed as Primary												

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	165.75	0.00	0.00	CO-144	153.31
											CO-45	161.25
1013940584	0410	041025	11	1	G0513		118.72	73.43	0.00	0.00	CO-144	67.92
											CO-45	45.29
1013940584	0410	041025	11	1	81003		33.60	2.25	2.25	0.00	CO-45	0.00
1013940584	0410	041025	11	1	G0136	33	65.00	0.00	0.00	0.00	PR-119	0.00
1013940584	0410	041025	11	1	G0557	33	94.10	0.00	0.00	0.00	CO-97	0.00
1013940584	0410	041025	11	1	G0447	XU	65.00	40.48	0.00	0.00	CO-144	37.44
											CO-45	24.52
1013940584	0410	041025	11	1	99401	25	65.00	61.25	0.00	0.00	CO-144	56.65
											CO-45	3.75
1013940584	0410	041025	11	1	G0446	XU	65.00	0.00	0.00	0.00	PR-204	0.00
1013940584	0410	041025	11	1	96160	XU	25.00	4.79	0.00	0.00	CO-144	4.43
											CO-45	20.21
1013940584	0410	041025	11	1	96127	XU	40.00	7.46	0.00	0.00	CO-144	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	132.25				CLAIM TOTALS		898.42	355.41	2.25	0.00		326.65
ADJ TO TOTAL: PREV PD				INTEREST			0.00		LATE FILING CHARGE		0.00	NET 326.65
STATUS CODE 1: Processed as Primary												



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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
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	98.69	0.00	0.00	CO-144	66.29
											7.40	
											47.31	
											25.00	
1013940584	0409	040925	11	1	G0446	XU	61.88	0.00	0.00	0.00	PR-167	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 86.88							207.88	98.69	0.00	0.00	141.59	66.29
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	66.29
STATUS CODE 1: Processed as Primary												

NAME SEVIGNY, KAREN J			HIC		KMT922539158	ACNT	5630LMD642	ICN		26250977558000710	ASG Y	MOA
1013940584	0403	040325	11	1	99214		219.00	143.12	0.00	21.47	CO-144	110.91
											10.74	
											75.88	
1013940584	0403	040325	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0403	040325	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0403	040325	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0403	040325	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0403	040325	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0403	040325	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP 21.47							219.00	143.12	0.00	21.47	86.62	110.91
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	110.91
STATUS CODE 1: Processed as Primary												

NAME RUSHMORE, ALLISON J			HIC		TIY916934551	ACNT	5860LMD642	ICN		26251079511100710	ASG Y	MOA
1013940584	0415	041525	11	1	99214	25	219.00	143.12	0.00	0.00	CO-144	46.20
REM: N172											5.36	
											71.56	
											75.88	
											20.00	
1013940584	0415	041525	11	1	G0447	XU	65.00	40.48	0.00	0.00	CO-144	37.44
											3.04	
1013940584	0415	041525	11	1	99401	25	65.00	61.25	0.00	0.00	CO-45	56.65
											24.52	
											4.60	
											3.75	
1013940584	0415	041525	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP 20.00							349.00	244.85	0.00	0.00	208.71	140.29
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	140.29
STATUS CODE 1: Processed as Primary												

NAME FULLER, KENNETH L			HIC		RMH893342977	ACNT	5581LMD642	ICN		26250922664500710	ASG Y	MOA
1013940584	0331	033125	11	1	99214	25	-219.00	0.00	0.00	0.00	CO-144	-36.20
REM: N172											-5.36	
											-71.56	
											-75.88	
											-30.00	
1013940584	0331	033125	11	1	97803		-59.34	0.00	0.00	0.00	PR-167	0.00
1013940584	0331	033125	11	1	G0447	XU	0.00	0.00	0.00	0.00		0.00
1013940584	0331	033125	11	1	99401	33	0.00	0.00	0.00	0.00		0.00
1013940584	0331	033125	11	1	G0446	XU	-61.88	0.00	0.00	0.00	PR-204	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							-340.22	0.00	0.00	0.00	-304.02	-36.20
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	-36.20
STATUS CODE 22: Reversal of Previous Payment												



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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME FULLER, KENNETH L					HIC	RMH893342977	ACNT	5581LMD642		ICN	26250922664502710	ASG Y	MOA	
1013940584	0331	033125	11	1	99214	25		219.00	143.12	0.00	0.00	CO-144	5.36	36.20
												CO-203	71.56	
												CO-45	75.88	
												PR-3	30.00	
1013940584	0331	033125	11	1	G0447	XU		65.00	40.48	0.00	0.00	CO-144	3.04	37.44
												CO-45	24.52	
1013940584	0331	033125	11	1	99401	25		65.00	61.25	0.00	0.00	CO-144	4.60	56.65
												CO-45	3.75	
1013940584	0331	033125	11	1	G0446	XU		61.88	0.00	0.00	0.00	PR-204	61.88	0.00
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	91.88			CLAIM		TOTALS		410.88	244.85	0.00	0.00		280.59	130.29
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	130.29
STATUS CODE 1: Processed as Primary														

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	11	3536.56	1977.92	2.25	21.47	2112.84	1400.00	0.00	1400.00

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

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

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

N172 The patient is not liable for the denied / adjusted charge(s) for receiving any updated service / item.

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-3 Co-payment Amount

