

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: 2025-04-16
EFT #: 509761743
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME CAMPO, SANDRA K			HIC MSR891445221 ACNT			5627LMD642	ICN 26250977552100710		ASG Y	MOA		
INSURED NAME: CAMPO, MICHAEL J												
1306898036	0403	040325	11	1	90707	120.00	93.30	0.00	0.00	CO-45	93.30	
1306898036	0403	040325	11	1	90471	41.00	33.29	0.00	0.00	CO-144	30.79	
										CO-45	7.71	
PT RESP	0.00	CLAIM TOTALS				161.00	126.59	0.00	0.00	36.91	124.09	
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	124.09	
STATUS CODE 1: Processed as Primary												

NAME HERMANN, MICHAEL B			HIC XYQM68327804 ACNT			5704LMD642	ICN 27250993898000710		ASG Y	MOA		
1306898036	0407	040725	11	1	99395 25	297.00	155.93	0.00	0.00	CO-144	144.23	
										CO-45	141.07	
1306898036	0407	040725	11	1	G0136 33	34.80	30.36	30.36	0.00	CO-45	0.00	
1306898036	0407	040725	11	1	36415	20.00	5.00	0.00	0.00	CO-144	4.62	
										CO-45	15.00	
1306898036	0407	040725	11	1	3074F	0.00	0.00	0.00	0.00		0.00	
1306898036	0407	040725	11	1	3078F	0.00	0.00	0.00	0.00		0.00	
1306898036	0407	040725	11	1	G9622	0.00	0.00	0.00	0.00		0.00	
1306898036	0407	040725	11	1	G8510	0.00	0.00	0.00	0.00		0.00	
1306898036	0407	040725	11	1	1036F	0.00	0.00	0.00	0.00		0.00	
PT RESP	30.36	CLAIM TOTALS				351.80	191.29	30.36	0.00	172.59	148.85	
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	148.85	
STATUS CODE 1: Processed as Primary												

NAME DOMEIER, LISA L			HIC EZVAN2496918 ACNT			5415LMD642	ICN 27250844691400710		ASG Y	MOA		
1013940584	0324	032425	11	1	99214 25	219.00	143.12	0.00	0.00	CO-144	112.38	
										CO-45	75.88	
										PR-3	20.00	
1013940584	0324	032425	11	1	96127 XU 33	40.00	7.46	0.00	0.00	CO-144	6.90	
										CO-45	32.54	
1013940584	0324	032425	11	1	G0446 XU	61.88	40.48	0.00	0.00	CO-144	37.44	
										CO-45	21.40	
1013940584	0324	032425	11	1	G8510	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	20.00	CLAIM TOTALS				320.88	191.06	0.00	0.00	164.16	156.72	
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	156.72	
STATUS CODE 1: Processed as Primary												

NAME LALONE, KYLE P			HIC MDC125148786001 ACNT			5492LMD642	ICN 26250876491500710		ASG Y	MOA		
1306898036	0326	032625	11	1	99213 25	146.00	98.69	0.00	0.00	CO-144	61.29	
										CO-45	47.31	
										PR-3	30.00	
1306898036	0326	032625	11	1	J1010 JZ	1.00	0.06	0.00	0.00	CO-45	0.06	
1306898036	0326	032625	11	1	96127 XU	40.00	7.46	0.00	0.00	CO-144	6.90	
										CO-45	32.54	
1306898036	0326	032625	11	1	3074F	0.00	0.00	0.00	0.00		0.00	
1306898036	0326	032625	11	1	G8510	0.00	0.00	0.00	0.00		0.00	
1306898036	0326	032625	11	1	3008F	0.00	0.00	0.00	0.00		0.00	
1306898036	0326	032625	11	1	2001F	0.00	0.00	0.00	0.00		0.00	
1306898036	0326	032625	11	1	2000F	0.00	0.00	0.00	0.00		0.00	
1306898036	0326	032625	11	1	1000F	0.00	0.00	0.00	0.00		0.00	
1306898036	0326	032625	11	1	1159F	0.00	0.00	0.00	0.00		0.00	
1306898036	0326	032625	11	1	1160F	0.00	0.00	0.00	0.00		0.00	
1306898036	0326	032625	11	1	3079F	0.00	0.00	0.00	0.00		0.00	
PT RESP	30.00	CLAIM TOTALS				187.00	106.21	0.00	0.00	118.75	68.25	
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	68.25	
STATUS CODE 1: Processed as Primary												



BCBSM			REMITTANCE
NPI #:	1982923660	TIMOTHY J TOBOLIC MD PLLC	ADVICE
EFT #:	509761743	PAGE #: 2 of 4	DATE: 2025-04-16

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD	
NAME MYERS, PEGGY E					HIC HEZ834147530		ACNT	5643LMD642		ICN 27250977173400710		ASG Y	MOA		
1013940584	0214	021425	11	1	99213	25		146.00	98.69	0.00	0.00	CO-144	7.40	71.29	
													CO-45	47.31	
													PR-3	20.00	
1013940584	0214	021425	11	1	G2211			25.00	0.00	0.00	0.00	CO-97	25.00	0.00	
1013940584	0214	021425	11	1	81001			43.05	3.17	3.17	0.00	CO-45	39.88	0.00	
1013940584	0214	021425	11	1	3075F			0.00	0.00	0.00	0.00			0.00	
1013940584	0214	021425	11	1	3078F			0.00	0.00	0.00	0.00			0.00	
1013940584	0214	021425	11	1	3008F			0.00	0.00	0.00	0.00			0.00	
1013940584	0214	021425	11	1	2001F			0.00	0.00	0.00	0.00			0.00	
1013940584	0214	021425	11	1	2000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0214	021425	11	1	1000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0214	021425	11	1	1159F			0.00	0.00	0.00	0.00			0.00	
1013940584	0214	021425	11	1	1160F			0.00	0.00	0.00	0.00			0.00	
PT RESP		23.17		CLAIM TOTALS				214.05	101.86	3.17	0.00		139.59	71.29	
ADJ TO TOTAL: PREV PD								INTEREST		0.00	LATE FILING CHARGE		0.00	NET	71.29
STATUS CODE 1: Processed as Primary															

NAME REECE, ALLEN				HIC AKH570W23483		ACNT	5588LMD642		ICN 26250931322100710		ASG	Y	MOA	
1306898036	0401	040125	11	1	99213		146.00	98.69	0.00	0.00	CO-144		7.40	61.29
													CO-45	47.31
													PR-3	30.00
1306898036	0401	040125	11	1	3075F		0.00	0.00	0.00	0.00				0.00
1306898036	0401	040125	11	1	3079F		0.00	0.00	0.00	0.00				0.00
1306898036	0401	040125	11	1	3008F		0.00	0.00	0.00	0.00				0.00
1306898036	0401	040125	11	1	2001F		0.00	0.00	0.00	0.00				0.00
1306898036	0401	040125	11	1	2000F		0.00	0.00	0.00	0.00				0.00
1306898036	0401	040125	11	1	1000F		0.00	0.00	0.00	0.00				0.00
1306898036	0401	040125	11	1	1159F		0.00	0.00	0.00	0.00				0.00
1306898036	0401	040125	11	1	1160F		0.00	0.00	0.00	0.00				0.00
PT RESP 30.00				CLAIM TOTALS			146.00	98.69	0.00	0.00			84.71	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 VANTUINEN, CALEB J				HIC KPV588341252		ACNT	5136LMD642		ICN 27250690822400710		ASG	Y	MOA		
1013940584	0306	030625	11	1	99214	25		-146.00	0.00	0.00	0.00		CO-144	-10.74	-107.38
													CO-45	-2.88	
													PR-3	-25.00	
1013940584	0306	030625	11	1	69209			-29.00	0.00	0.00	0.00		CO-4	-29.00	0.00
1013940584	0306	030625	11	1	G0444	XU 33		-29.45	0.00	0.00	0.00		CO-144	-2.21	-27.24
1013940584	0306	030625	11	1	G8510			0.00	0.00	0.00	0.00				0.00
1013940584	0306	030625	11	1	3075F			0.00	0.00	0.00	0.00				0.00
1013940584	0306	030625	11	1	3079F			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
1013940584	0306	030625	11	1	1159F			0.00	0.00	0.00	0.00				0.00
1013940584	0306	030625	11	1	1160F			0.00	0.00	0.00	0.00				0.00
PT RESP		0.00		CLAIM TOTALS				-204.45	0.00	0.00	0.00		-69.83	-134.62	
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE				0.00	NET	-134.62
STATUS CODE 22: Reversal of Previous Payment															

NAME VANTUINEN, CALEB J				HIC KPV588341252		ACNT	5136LMD642		ICN 27250690822402710		ASG	Y	MOA	
1013940584	0306	030625	11	1	99214	25		146.00	143.12	0.00	0.00	CO-144	10.74	132.38
													CO-45	2.88
1013940584	0306	030625	11	1	69209	50		29.00	29.00	25.00	0.00	CO-144	2.18	1.82
1013940584	0306	030625	11	1	G0444	XU 33		29.45	29.45	0.00	0.00	CO-144	2.21	27.24
1013940584	0306	030625	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0306	030625	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0306	030625	11	1	3079F			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
1013940584	0306	030625	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0306	030625	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		25.00		CLAIM TOTALS				204.45	201.57	25.00	0.00		18.01	161.44
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	161.44	
STATUS CODE 1: Processed as Primary														



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BULTENA, JULIE A				HIC	M60106734	ACNT	3204LMD642	ICN 27250982472900710				ASG Y	MOA	
1306898036	1120	112024	11	1	G0439			361.00	0.00	0.00	0.00	PR-204	361.00	0.00
1306898036	1120	112024	11	1	99214	25		247.32	24.73	0.00	0.00	OA-23	222.59	24.73
1306898036	1120	112024	11	1	99497	33		132.00	15.98	0.00	0.00	OA-23	116.02	15.98
1306898036	1120	112024	11	1	G2211			25.00	0.00	0.00	0.00	OA-136	25.00	0.00
1306898036	1120	112024	11	1	36415			15.00	0.00	0.00	0.00	OA-23	15.00	0.00
REM: N19														
1306898036	1120	112024	11	1	G0442	XU		43.00	0.00	0.00	0.00	OA-23	43.00	0.00
REM: N19														
1306898036	1120	112024	11	1	G0444	XU		91.00	0.00	0.00	0.00	OA-23	91.00	0.00
REM: N19														
1306898036	1120	112024	11	1	G8417			0.00	0.00	0.00	0.00			0.00
1306898036	1120	112024	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	1120	112024	11	1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP	361.00				CLAIM	TOTALS		914.32	40.71	0.00	0.00		873.61	40.71
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	40.71
STATUS CODE 2: Processed as Secondary														

NAME DAMSTRA, DEBRA L				HIC	MSE893355119	ACNT	3539LMD642	ICN 26251008619400710				ASG Y	MOA	N152
1013940584	1212	121224	11	1	99397	25	341.00	0.00	0.00	0.00	PI-16	341.00	0.00	
REM: N152														
1013940584	1212	121224	11	1	96127	XU	40.00	0.00	0.00	0.00	PI-16	40.00	0.00	
REM: N152														
1013940584	1212	121224	11	1	96127	XU	40.00	0.00	0.00	0.00	PI-16	40.00	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	15.00	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		436.00	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 DEAMUD, DAVID W				HIC XYQM02457418 ACNT 5382LMD642				ICN 26251017141800710				ASG Y	MOA N152			
INSURED NAME: DEAMUD, JENNIFER W																
1013940584	0319	031925	11	1	99396	25		327.00	0.00	0.00	0.00	PI-16	327.00	0.00		
REM: N152																
1013940584	0319	031925	11	1	99213	25		146.00	0.00	0.00	0.00	PI-16	146.00	0.00		
REM: N152																
1013940584	0319	031925	11	1	36415			20.00	0.00	0.00	0.00	PI-16	20.00	0.00		
REM: N152																
1013940584	0319	031925	11	1	G0136	33		34.80	0.00	0.00	0.00	PI-16	34.80	0.00		
REM: N152																
1013940584	0319	031925	11	1	96127	XU		40.00	0.00	0.00	0.00	PI-16	40.00	0.00		
REM: N152																
1013940584	0319	031925	11	1	96160	XU		5.30	0.00	0.00	0.00	PI-16	5.30	0.00		
REM: N152																
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		0.00		CLAIM TOTALS				573.10	0.00	0.00	0.00		573.10	0.00		
ADJ TO TOTAL: PREV PD								INTEREST		0.00		LATE FILING CHARGE		0.00	NET	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 BRECHTING, RAYMOND C					HIC	M9R327W08985	ACNT	5652LMD642		ICN	26250977559400710	ASG Y	MOA	
1013940584	0401	040125	11	1	99214	25		219.00	0.00	0.00	0.00	PR-22	219.00	0.00
1013940584	0401	040125	11	1	96127	XU		40.00	0.00	0.00	0.00	PR-22	40.00	0.00
1013940584	0401	040125	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0401	040125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0401	040125	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0401	040125	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0401	040125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0401	040125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0401	040125	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0401	040125	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0401	040125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0401	040125	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		259.00		CLAIM TOTALS				259.00	0.00	0.00	0.00		259.00	0.00
ADJ TO TOTAL: PREV PD								0.00	LATE FILING CHARGE			0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

NAME NSHIME, NOLAN				HIC	AMK913377495	ACNT	5131LMD642	ICN 26251000001000710				ASG	Y	MOA		
1013940584	0306	030625	11	1	99213			146.00	0.00	0.00	0.00	PI-193	146.00		0.00	
1013940584	0306	030625	11	1	3074F			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	
PT RESP		0.00		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																

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	13	3709.15	1057.98	58.53	0.00	2952.60	698.02	0.00	698.02

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

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

CO-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.

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

N152 Missing / incomplete / invalid replacement claim information.

N19 Procedure code incidental to primary procedure.

OA-136 Claim adjusted based on failure to follow prior payer's coverage rules. (Use Group Code OA).

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

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

PI-193 Original payment decision is being maintained. This claim was processed properly the first time.

PR-1 Deductible Amount

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

PR-22 Payment adjusted because this care may be covered by another payer per coordination of benefits.

PR-3 Co-payment Amount

