

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 3  
DATE: 2025-03-19  
CHECK #: 108483382

BYRON CENTER, MI 493156928

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME VANDAM, BRIAN H			HIC 1057775683		ACNT 2052LMD642		ICN 312506510204308000		ASG Y	MOA N219			
1306898036	0906	090624	11	1	99213		146.00	9.97	0.00	0.00	CO-45	20.03	9.97
REM: N442 MA125											OA-23	116.00	
1306898036	0906	090624	11	1	0513F		0.00	0.00	0.00	0.00			0.00
1306898036	0906	090624	11	1	G8417		0.00	0.00	0.00	0.00			0.00
1306898036	0906	090624	11	1	3075F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS		146.00	9.97	0.00	0.00		136.03	9.97
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	9.97
STATUS CODE 2: Processed as Secondary													

NAME LOSEY, CAMERON S			HIC 0041656110		ACNT 1659LMD642		ICN 312506570204298000		ASG Y	MOA			
1306898036	0813	081324	11	1	99080		100.00	0.00	0.00	0.00	CO-16	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
1306898036	0813	081324	11	1	G8420		0.00	0.00	0.00	0.00			0.00
1306898036	0813	081324	11	1	3075F		0.00	0.00	0.00	0.00			0.00
1306898036	0813	081324	11	1	3078F		0.00	0.00	0.00	0.00			0.00
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	NET	0.00
STATUS CODE 1: Processed as Primary													

NAME LOSEY, CAMERON S			HIC 0041656110		ACNT 1659LMD642		ICN 412506580291023000		ASG Y	MOA			
1306898036	0813	081324	11	1	99080		-100.00	0.00	0.00	0.00	CO-16	-100.00	0.00
REM: N152													
1306898036	0813	081324	11	1	G8476		0.00	0.00	0.00	0.00			0.00
1306898036	0813	081324	11	1	G8420		0.00	0.00	0.00	0.00			0.00
1306898036	0813	081324	11	1	3075F		0.00	0.00	0.00	0.00			0.00
1306898036	0813	081324	11	1	3078F		0.00	0.00	0.00	0.00			0.00
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	NET	0.00
STATUS CODE 22: Reversal of Previous Payment													

NAME BROWN, EDDIE			HIC 0034794869		ACNT 3696LMD642		ICN 312504810177356000		ASG Y	MOA N219			
1013940584	1219	121924	11	1	99214 25		247.32	13.99	0.00	0.00	CO-45	10.74	13.99
REM: N442 MA125											OA-23	222.59	
1013940584	1219	121924	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1013940584	1219	121924	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1013940584	1219	121924	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1013940584	1219	121924	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1013940584	1219	121924	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1013940584	1219	121924	11	1	1160F		0.00	0.00	0.00	0.00			0.00
1013940584	1219	121924	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1013940584	1219	121924	11	1	2001F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS		247.32	13.99	0.00	0.00		233.33	13.99
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	13.99
STATUS CODE 2: Processed as Secondary													



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PAGE #: 2 of 3

ADVISE

DATE: 2025-03-19

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BOUWHUIS, CYNTHIA A					HIC 0064801226	ACNT 4762LMD642			ICN 312505910066028000	ASG Y	MOA N219	
1306898036	0212	021225	11	1	G0439		361.00	0.00	0.00	0.00	OA-133	361.00 0.00
1306898036	0212	021225	11	1	99396	52	327.00	0.00	0.00	0.00	CO-97	327.00 0.00
					REM: M80							
1306898036	0212	021225	11	1	99497	33	132.00	0.00	0.00	0.00	CO-97	132.00 0.00
					REM: M80							
1306898036	0212	021225	11	1	G2211		25.00	0.00	0.00	0.00	OA-133	25.00 0.00
1306898036	0212	021225	11	1	G0442	XU	43.00	0.00	0.00	0.00	OA-133	43.00 0.00
1306898036	0212	021225	11	1	G0444	XU	91.00	0.00	0.00	0.00	OA-133	91.00 0.00
1306898036	0212	021225	11	1	36415		20.00	0.00	0.00	0.00	OA-23	20.00 0.00
					REM: N131							
1306898036	0212	021225	11	1	G2211		25.00	0.00	0.00	0.00	OA-133	25.00 0.00
1306898036	0212	021225	11	1	90656		35.00	0.00	0.00	0.00	OA-23	35.00 0.00
					REM: N131							
1306898036	0212	021225	11	1	90471		41.00	16.13	0.00	0.00	CO-45	2.71 16.13
											OA-23	22.16
1306898036	0212	021225	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0212	021225	11	1	3079F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		1100.00	16.13	0.00	0.00		1083.87 16.13
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	NET 16.13
STATUS CODE 2: Processed as Secondary												
NAME MAYS, LINDA S					HIC 0031535368	ACNT 4924LMD642			ICN 322507110030553000	ASG Y	MOA MA114 N219	
1306898036	0221	022125	11	1	99214	25	219.00	15.42	0.00	0.00	CO-45	8.75 15.42
					REM: N442	MA125					OA-23	194.83
1306898036	0221	022125	11	1	36415		20.00	0.00	0.00	0.00	OA-23	20.00 0.00
					REM: N131	MA125						
1306898036	0221	022125	11	1	G2211		25.00	0.00	0.00	0.00	CO-16	25.00 0.00
					REM: N56							
PT RESP	0.00				CLAIM TOTALS		264.00	15.42	0.00	0.00		248.58 15.42
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	NET 15.42
STATUS CODE 2: Processed as Secondary												
NAME REYNOLDS, KYLIE M					HIC 0029263416	ACNT 4978LMD642			ICN 312507110499935000	ASG Y	MOA	
1306898036	0225	022525	11	1	99395		297.00	0.00	0.00	0.00	CO-24	297.00 0.00
					REM: N442	MA125						
1306898036	0225	022525	11	1	G0442	XU	30.00	0.00	0.00	0.00	CO-16	30.00 0.00
					REM: N799	N56						
1306898036	0225	022525	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-16	29.45 0.00
					REM: N56	N799 N65						
1306898036	0225	022525	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0225	022525	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0225	022525	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0225	022525	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		356.45	0.00	0.00	0.00		356.45 0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	NET 0.00
STATUS CODE 4: Denied												
NAME LOSEY, CAMERON S					HIC 0041656110	ACNT 1659LMD642			ICN 312507170501114000	ASG Y	MOA M47 N10	
1306898036	0813	081324	11	1	99080	51	100.00	0.00	0.00	0.00	CO-16	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				0.00	NET 0.00
STATUS CODE 4: Denied												
NAME VANDERWALL, KEVIN J					HIC 0094933502	ACNT 5299LMD642			ICN 312507710099703000	ASG Y	MOA	
1013940584	0312	031225	11	1	99214	25	219.00	0.00	0.00	0.00	CO-24	219.00 0.00
					REM: N442	MA125						
1013940584	0312	031225	11	1	99401	XU	0.00	0.00	0.00	0.00		0.00
1013940584	0312	031225	11	1	G0447	XU	0.00	0.00	0.00	0.00		0.00
					REM: N65	N56						
1013940584	0312	031225	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0312	031225	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		219.00	0.00	0.00	0.00		219.00 0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	NET 0.00
STATUS CODE 4: Denied												



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PAGE #: 3 of 3

DATE: 2025-03-19

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	9	2432.77	55.51	0.00	0.00	2377.26	55.51	0.00	55.51

## 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-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.

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

M47 Missing / incomplete / invalid internal or document control number.

M80 Not covered when performed during the same session / date as a previously processed service for the patient.

MA114 Missing / incomplete / invalid information on where the services were furnished.

MA125 Per legislation governing this program, payment constitutes payment in full.

N10 Payment based on the findings of a review organization / professional consult / manual adjudication / medical or dental advisor.

N131 Total payments under multiple contracts cannot exceed the allowance for this service.

N152 Missing / incomplete / invalid replacement claim information.

N219 Payment based on previous payer's allowed amount.

N442 Payment based on an alternate fee schedule.

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.

OA-133 The disposition of this claim / service is pending further review.

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

