

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 2
DATE: 2025-06-27
EFT #: 790157613
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BROWN, JOAN M					HIC X3L910109473 ACNT		6942LMD642		ICN 26251717210800710		ASG Y	MOA		
1013940584	0612	061225	11	1	99213	25		146.00	0.00	0.00	0.00	CO-146	146.00	0.00
					REM: M76									
1013940584	0612	061225	11	2	69209	50		58.00	0.00	0.00	0.00	CO-16	58.00	0.00
					REM: M53									
1013940584	0612	061225	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-253	0.62	30.32
									CO-45		34.06			
1013940584	0612	061225	11	1	99401	25		65.00	0.00	0.00	0.00	CO-16	65.00	0.00
					REM: M53									
1013940584	0612	061225	11	1	3074F			0.00	0.00	0.00	0.00			
1013940584	0612	061225	11	1	3078F			0.00	0.00	0.00	0.00			
1013940584	0612	061225	11	1	1036F			0.00	0.00	0.00	0.00			
1013940584	0612	061225	11	1	3008F			0.00	0.00	0.00	0.00			
1013940584	0612	061225	11	1	2001F			0.00	0.00	0.00	0.00			
1013940584	0612	061225	11	1	2000F			0.00	0.00	0.00	0.00			
1013940584	0612	061225	11	1	1000F			0.00	0.00	0.00	0.00			
1013940584	0612	061225	11	1	1159F			0.00	0.00	0.00	0.00			
1013940584	0612	061225	11	1	1160F			0.00	0.00	0.00	0.00			
PT RESP		0.00		CLAIM TOTALS				334.00	30.94	0.00	0.00		303.68	30.32
ADJ TO TOTAL: PREV PD						INTEREST		0.00	LATE FILING	CHARGE		0.00	NET	30.32
STATUS CODE 1: Processed as Primary														

NAME KITLER, DAVID W				HIC X3L910052465 ACNT 6973LMD642				ICN 26251717211200710		ASG Y	MOA			
1013940584	0613	061325	11	1	99214	25		219.00	120.84	0.00	0.00	CO-253	2.42	118.42
												CO-45	98.16	
1013940584	0613	061325	11	2	29580			228.00	0.00	0.00	0.00	CO-16	228.00	0.00
				REM: M53										
1013940584	0613	061325	11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
												CO-45	9.74	
1013940584	0613	061325	11	1	G0557			94.10	0.00	0.00	0.00	CO-96	94.10	0.00
				REM: N640										
1013940584	0613	061325	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0613	061325	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0613	061325	11	1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0613	061325	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0613	061325	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0613	061325	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0613	061325	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0613	061325	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0613	061325	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00	CLAIM TOTALS				566.10	136.10	0.00	0.00		432.73	133.37	
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING		CHARGE	0.00	NET	133.37		
STATUS CODE 1: Processed as Primary														



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	PARKER, BENJAMIN T					HIC X3LM68621375	ACNT	6949LMD642			ICN 26251717210900710	ASG Y	MOA	
1306898036	0613	061325	11	1	99214	25		219.00	120.84	0.00	0.00	CO-253	2.02	98.82
												CO-45	98.16	
												PR-3	20.00	
1306898036	0613	061325	11	1	G0446	XU		65.00	0.00	0.00	0.00	CO-96	65.00	0.00
						REM: N115								
1306898036	0613	061325	11	1	96372			45.00	13.25	0.00	1.99	CO-253	0.23	11.03
												CO-45	31.75	
1306898036	0613	061325	11	1	J1071			0.03	0.03	0.00	0.00			0.03
1306898036	0613	061325	11	300	J1071			9.00	9.00	0.00	1.35	CO-253	0.15	7.50
1306898036	0613	061325	11	2	J1010			2.00	0.22	0.00	0.03	CO-45	1.78	0.19
1306898036	0613	061325	11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
												CO-45	9.74	
1306898036	0613	061325	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	11	1	G8427			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	23.37					CLAIM TOTALS		365.03	158.60	0.00	3.37		229.14	132.52
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	132.52
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
	3	1265.13	325.64	0.00	3.37	965.55	296.21	0.00	296.21

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

CO-146 Payment denied because the diagnosis was invalid for the date(s) of service reported.

CO-16 Claim / service lacks information which is needed for adjudication. 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-96 Non-covered charge(s).

M53 Missing / incomplete / invalid days or units of service.

M76 Missing / incomplete / invalid diagnosis or condition.

N115 This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD).An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd>, or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.

N640 Exceeds number / frequency approved / allowed within time period.

PR-2 Coinsurance Amount

PR-3 Co-payment Amount

