

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 3
DATE: 2025-05-02
EFT #: 790105132
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BLACK, GEORGE E			HIC X3L911027138		ACNT 5226LMD642		ICN 26250736638200710		ASG Y MOA			
1306898036	0312	031225	11	1	99214	25	219.00	0.00	0.00	0.00	CO-146 219.00	0.00
REM: M76												
1306898036	0312	031225	11	1	G2211		25.00	15.26	0.00	0.00	CO-253 0.31	14.95
1306898036	0312	031225	11	1	G3002		156.72	0.00	0.00	0.00	CO-45 9.74	
REM: M76												
1306898036	0312	031225	11	1	3074F		0.00	0.00	0.00	0.00	CO-146 156.72	0.00
1306898036	0312	031225	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP 0.00 CLAIM TOTALS							400.72	15.26	0.00	0.00	385.77	14.95
ADJ TO TOTAL: PREV PD INTEREST							0.03		LATE FILING CHARGE		0.00	NET 14.95
STATUS CODE 1: Processed as Primary												

NAME DEVRIES, DONNA M			HIC X3LM69809777		ACNT 5655LMD642		ICN 27251150757400710		ASG Y MOA			
1013940584	0401	040125	11	1	99213	25	146.00	85.63	0.00	0.00	CO-253 1.71	83.92
1013940584	0401	040125	11	1	G2211		25.00	15.26	0.00	0.00	CO-45 60.37	
1013940584	0401	040125	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-253 0.31	14.95
1013940584	0401	040125	11	1	99401	33	65.00	0.00	0.00	0.00	CO-45 9.74	
REM: M53												
1013940584	0401	040125	11	1	3074F		0.00	0.00	0.00	0.00	CO-253 0.62	30.32
1013940584	0401	040125	11	1	3078F		0.00	0.00	0.00	0.00	CO-45 34.06	
1013940584	0401	040125	11	1	3008F		0.00	0.00	0.00	0.00	CO-16 65.00	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 0.00 CLAIM TOTALS							301.00	131.83	0.00	0.00	171.81	129.19
ADJ TO TOTAL: PREV PD INTEREST							0.00		LATE FILING CHARGE		0.00	NET 129.19
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 KELLY, TIMOTHY M					HIC X3LM66148610 ACNT			5699LMD642		ICN 26250998259800710 ASG Y MOA				
INSURED NAME: KELLY, TIM M														
1306898036	0407	040725	11	1	G0439			361.00	121.85	0.00	0.00	CO-253	2.44	119.41
												CO-45	239.15	
1306898036	0407	040725	11	1	99397	25		341.00	155.01	0.00	0.00	CO-253	3.10	151.91
												CO-45	185.99	
1306898036	0407	040725	11	1	G2211			25.00	0.00	0.00	0.00	CO-16	25.00	0.00
						REM: M20								
1306898036	0407	040725	11	1	36415			20.00	9.09	0.00	0.00	CO-253	0.09	4.45
												CO-45	10.91	
												PR-3	4.55	
1306898036	0407	040725	11	1	G0442	XU		30.00	16.22	0.00	0.00	CO-253	0.32	15.90
												CO-45	13.78	
1306898036	0407	040725	11	1	G0444	XU		29.45	16.22	0.00	0.00	CO-253	0.32	15.90
												CO-45	13.23	
1306898036	0407	040725	11	1	G0136	33		34.80	17.40	0.00	0.00	CO-253	0.35	17.05
												CO-45	17.40	
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	G8420			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	4.55				CLAIM TOTALS			841.25	335.79	0.00	0.00		516.63	324.62
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING	CHARGE	0.00	NET	324.62
STATUS CODE 1: Processed as Primary														

NAME KITLER, DAVID W				HIC X3L910052465 ACNT 5939LMD642				ICN 27251139414600710 ASG Y MOA						
1013940584	0321	032125	11	1	99214	25		219.00	120.84	0.00	0.00	CO-253	2.42	118.42
												CO-45	98.16	
1013940584	0321	032125	11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
												CO-45	9.74	
1013940584	0321	032125	11	1	29580	RT		114.00	57.79	0.00	0.00	CO-253	1.16	56.63
												CO-45	56.21	
1013940584	0321	032125	11	1	99406			23.00	0.00	0.00	0.00	CO-96	23.00	0.00
						REM: N115								
1013940584	0321	032125	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0321	032125	11	1	4001F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			381.00	193.89	0.00	0.00		191.00	190.00
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING	CHARGE	0.00	NET	190.00
STATUS CODE 1: Processed as Primary														

NAME KITLER, DAVID W				HIC X3L910052465 ACNT 5940LMD642				ICN 27251139414900710 ASG Y MOA						
1013940584	0328	032825	11	1	99214	25		219.00	120.84	0.00	0.00	CO-253	2.42	118.42
												CO-45	98.16	
1013940584	0328	032825	11	1	29580	RT		114.00	57.79	0.00	0.00	CO-253	1.16	56.63
												CO-45	56.21	
1013940584	0328	032825	11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
												CO-45	9.74	
1013940584	0328	032825	11	1	99406			23.00	0.00	0.00	0.00	CO-96	23.00	0.00
						REM: N115								
1013940584	0328	032825	11	1	4001F			0.00	0.00	0.00	0.00			0.00
1013940584	0328	032825	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0328	032825	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0328	032825	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0328	032825	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0328	032825	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0328	032825	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0328	032825	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0328	032825	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			381.00	193.89	0.00	0.00		191.00	190.00
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING	CHARGE	0.00	NET	190.00
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PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Interest Owed (L6)			-0.03

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	5	2304.97	870.66	0.00	0.00	1456.21	848.79	-0.03	848.79

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).

M20 Missing / incomplete / invalid HCPCS.

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.

PR-3 Co-payment Amount

