BCBSM [] 600 E LAFAYETTE DETROIT, MI 482262998 (800)282-4548

TIMOTHY J TOBOLIC MD PLLC

NPI #: PAGE #:

TAX ID #:

1 of 2 DATE: 2025-06-20 EFT #: 790151130

1982923660

272620668

BYRON CENTER, MI 493156928

REND PROV	SERV	DATE	POS	NOS	PRO	C MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AL	мт	PROV PD
NAME KITLER	ID W		HIC	2 X3L9	10052465 ACNT	6827LMD642		ICN 26251608892		2700710 ASO	700710 ASG Y MOA		
1013940584			11		99214		219.00	120.84	0.00	0.00	CO-253	2.42	118.42
1010510001	0550	055025		_	,,,,,,		213.00	120.01	0.00	0.00	CO-45	98.16	110.12
1013940584	0E30	053035	11	1	G2211		30.52	15.26	0.00	0.00	CO-253	0.31	14.95
1013340304	0330	053025		_	GZZII		30.32	15.20	0.00	0.00			14.93
1010040504				-	00405		00.00				CO-45	15.26	
1013940584	0530	053025	TT	1	99406		23.00	0.00	0.00	0.00	CO-96	23.00	0.00
						REM: N115							
1013940584	0530	053025	11	2	29580		228.00	0.00	0.00	0.00	CO-16	228.00	0.00
						REM: M53							
1013940584	0530	053025	11	1	0513F		0.00	0.00	0.00	0.00			0.00
1013940584	0530	053025	11	1	G8417		0.00	0.00	0.00	0.00			0.00
1013940584	0530	053025	11	1	G8427		0.00	0.00	0.00	0.00			0.00
1013940584					3008F		0.00	0.00	0.00	0.00			0.00
1013940584					2001F		0.00	0.00	0.00	0.00			0.00
1013940584					2001F		0.00	0.00	0.00	0.00			0.00
1013940584					1000F					0.00			
							0.00	0.00	0.00				0.00
1013940584					1159F		0.00	0.00	0.00	0.00			0.00
1013940584			11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.0				CLAIM	TOTALS	500.52	136.10	0.00	0.00		367.15	133.37
ADJ TO TOTA	AL: PR	EV PD				INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	133.37
STATUS CODE	3 1: P	rocesse	ed as	Pr:	imary								
NAME KITLER	R, DAV	ID W		HIC	C X3L9	10052465 ACN	6828LMD6	42	ICN 2	725161546	5900710 AS	GY MOA	
1013940584	0606	060625	11	1	99214	25	241.68	120.84	0.00	0.00	CO-253	2.42	118.42
											CO-45	120.84	
1013940584	0606	060625	11	1	29580	DT	115.58	0.00	0.00	0.00	CO-16	115.58	0.00
1010510001	0000	000025		_	23300	REM: M53	113.30	0.00	0.00	0.00	CO 10	113.30	0.00
1013940584	0606	060635	11	1	29580		115.58	0.00	0.00	0.00	CO-16	115.58	0.00
1013340364	0606	060625	11		29300		113.30	0.00	0.00	0.00	CO-16	113.30	0.00
1010040504	0.505			-	~^	REM: M53	04.10	45.05			aa a=a		45.33
1013940584	0606	060625	TT	Τ.	G0557		94.10	47.05	0.00	0.00	CO-253	0.94	46.11
											CO-45	47.05	
1013940584					3075F		0.00	0.00	0.00	0.00			0.00
1013940584	0606	060625	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1013940584	0606	060625	11	1	G8427		0.00	0.00	0.00	0.00			0.00
PT RESP	0.0	0			CLAIM	TOTALS	566.94	167.89	0.00	0.00		402.41	164.53
ADJ TO TOTA	AL: PR	EV PD				INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	164.53
STATUS CODE 1: Processed as Primary													
					-								
NAME KITLER	R. DAV	ID W		HIC	C X3L9	10052465 ACN	6829LMD6	42	ICN 2	2725161546	7400710 AS	G Y MOA	
1013940584	-		11		99214		219.00	120.84	0.00	0.00	CO-253	2.42	118.42
1013310301	0310	031023		-	JJ211	23	217.00	120.01	0.00	0.00	CO-45	98.16	110.12
1012040504	0516	051605	11	-	a2211		25 00	15 26	0 00	0 00			14 05
1013940584	0210	051625	TT		G2211		25.00	15.26	0.00	0.00	CO-253	0.31	14.95
				_							CO-45	9.74	
1013940584	0516	051625	11	1	29580		115.58	0.00	0.00	0.00	CO-16	115.58	0.00
						REM: M53							
1013940584	0516	051625	11	1	29580	RT	115.58	0.00	0.00	0.00	CO-16	115.58	0.00
						REM: M53							
1013940584	0516	051625	11	1	0513F		0.00	0.00	0.00	0.00			0.00
1013940584					3078F		0.00	0.00	0.00	0.00			0.00
1013940584					3074F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.0			_		TOTALS	475.16	136.10	0.00	0.00		341.79	133.37
					CHAIM	INTEREST	0.00				0.00	NET	133.37
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 133.37 STATUS CODE 1: Processed as Primary													
STATUS CODE	. т. Б	rocesse	ea as	, Pr	ımary								
	ш с=					O		G0.T31.5					
TOTALS:	# OF		ILLED	,			UCT	COINS	TOTAL	PROV		PROV	CHECK
(CLAIMS		AMT			MT AN		AMT	RC-AMT	AMT		DJ AMT	AMT
	3	1:	542.6	2	4	40.09	0.00	0.00	1111.3	35 431	. 27	0.00	431.27

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

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

CO-253 Sequestration - reduction in federal spending

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.



BCBSM REMITTANCE

NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC ADVICE EFT #: 790151130 Non-covered charge(s). PAGE #: 2 of 2 DATE: 2025-06-20

M53 N115

Missing / incomplete / invalid days or units of service.

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.

