

BLUE CROSS BLUE SHIELD OF MICH []
P.O. BOX 553912
DETROIT, MI 482553912
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC
7740 BYRON CENTER AVE

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-06-17
EFT #: 604143810
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	PEPPER JR, JOHN F					HIC	XYL991524120	ACNT	6753LMD642		ICN	250604018782	ASG Y	MOA
1306898036	0603	060325	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060325	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060325	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060325	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060325	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1306898036	0603	060325	11	1	G0444	XU		91.00	0.00	0.00	0.00	CO-97	91.00	0.00
						REM: N19								
1306898036	0603	060325	11	1	G0442	XU		43.00	0.00	0.00	0.00	CO-97	43.00	0.00
						REM: N19								
1306898036	0603	060325	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060325	11	1	G0447	XU		65.00	0.00	0.00	0.00	CO-96	65.00	0.00
						REM: N115								
1306898036	0603	060325	11	1	99497	33		132.00	77.66	0.00	0.00	CO-45	54.34	76.11
												CO-253	1.55	
1306898036	0603	060325	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
												CO-253	2.44	
1306898036	0603	060325	11	1	99214	25		241.68	120.84	0.00	0.00	CO-45	120.84	118.42
												CO-253	2.42	
1306898036	0603	060325	11	1	G0136	33		65.00	17.40	0.00	0.00	CO-45	47.60	17.05
												CO-253	0.35	
1306898036	0603	060325	11	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-253	0.31	
1306898036	0603	060325	11	1	G0446	XU		65.00	0.00	0.00	0.00	CO-97	65.00	0.00
						REM: N19								
1306898036	0603	060325	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060325	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060325	11	1	1158F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060325	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060325	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0603	060325	11	1	2010F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		1108.68	362.10	0.00	0.00		753.83	354.85
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	354.85
STATUS CODE 1: Processed as Primary														

NAME	SHELTEMA, DAVID A					HIC	XYL991208961	ACNT	6738LMD642		ICN	250604028747	ASG Y	MOA
1013940584	0603	060325	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0603	060325	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0603	060325	11	1	93000			71.00	13.33	0.00	0.00	CO-45	57.67	13.06
												CO-253	0.27	
1013940584	0603	060325	11	1	99215	25		295.00	169.85	0.00	0.00	CO-45	125.15	166.45
												CO-253	3.40	
1013940584	0603	060325	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1013940584	0603	060325	11	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-253	0.31	
1013940584	0603	060325	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0603	060325	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0603	060325	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0603	060325	11	1	G0446	XU		65.00	0.00	0.00	0.00	CO-97	65.00	0.00
						REM: N19								
1013940584	0603	060325	11	1	2000F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		476.00	207.53	0.00	0.00		272.63	203.37
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	203.37
STATUS CODE 1: Processed as Primary														

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	1584.68	569.63	0.00	0.00	1026.46	558.22	0.00	558.22

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-253 Sequestration - reduction in federal spending



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CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-96 Non-covered charge(s).
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
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.
N19 Procedure code incidental to primary procedure.

