

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 4
DATE: 2025-06-24
EFT #: 604150823
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	LALES, ELIAS				HIC	XYL991593575 ACNT	6375LMD642			ICN	250514359837	ASG Y	MOA
1306898036	0514	051425	11	1	99213	25	146.00	85.63	0.00	0.00	CO-45	60.37	71.79
											CO-253	1.47	
											PR-3	12.37	
1306898036	0514	051425	11	1	83036	QW	60.90	0.00	0.00	0.00	CO-16	60.90	0.00
						REM: MA63							
1306898036	0514	051425	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-253	0.62	
1306898036	0514	051425	11	1	99401	25	65.00	0.00	0.00	0.00	PR-96	65.00	0.00
						REM: N216							
1306898036	0514	051425	11	1	3075F		0.00	0.00	0.00	0.00			0.00
1306898036	0514	051425	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0514	051425	11	1	3051F		0.00	0.00	0.00	0.00			0.00
1306898036	0514	051425	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0514	051425	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0514	051425	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0514	051425	11	1	1160F		0.00	0.00	0.00	0.00			0.00
1306898036	0514	051425	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0514	051425	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0514	051425	11	1	1036F		0.00	0.00	0.00	0.00			0.00
1306898036	0514	051425	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74	7.48
											CO-253	0.15	
											PR-3	7.63	
1306898036	0514	051425	11	1	G0446	XU	65.00	0.00	0.00	0.00	CO-97	65.00	0.00
						REM: N19							
PT RESP	85.00				CLAIM	TOTALS	426.90	131.83	0.00	0.00		317.31	109.59
ADJ TO TOTAL: PREV PD					INTEREST		0.06		LATE FILING CHARGE		0.00	NET	109.59
STATUS CODE 1: Processed as Primary													

NAME	KAMINSKI, RONALD L				HIC	XYL991237071 ACNT	6366LMD642			ICN	250514359872	ASG Y	MOA
1013940584	0513	051325	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-253	0.62	
1013940584	0513	051325	11	1	99214	25	219.00	120.84	0.00	0.00	CO-45	98.16	118.42
											CO-253	2.42	
1013940584	0513	051325	11	1	99401	25	65.00	0.00	0.00	0.00	PR-96	65.00	0.00
						REM: N216							
1013940584	0513	051325	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74	14.95
											CO-253	0.31	
1013940584	0513	051325	11	1	G0557		94.10	47.05	0.00	0.00	CO-45	47.05	46.11
											CO-253	0.94	
1013940584	0513	051325	11	1	3075F		0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	3079F		0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	1160F		0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
											CO-253	0.18	
PT RESP	65.00				CLAIM	TOTALS	488.10	223.18	0.00	0.00		269.39	218.71
ADJ TO TOTAL: PREV PD					INTEREST		0.11		LATE FILING CHARGE		0.00	NET	218.71
STATUS CODE 1: Processed as Primary													



BLUE CROSS BLUE SHIELD OF MICH
NPI #: 1982923660
EFT #: 604150823

TIMOTHY J TOBOLIC MD PLLC
PAGE #: 2 of 4

REMITTANCE
ADVICE
DATE: 2025-06-24

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	MAUCHMAR, CONRAD J					HIC	XYL990243243 ACNT	6359LMD642			ICN 250514360093	ASG Y	MOA	
1013940584	0513	051325	11	1	G2211			25.00	0.00	0.00	0.00	CO-16	25.00	0.00
							REM: M76							
1013940584	0513	051325	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-253	0.62	
1013940584	0513	051325	11	1	99401	25		65.00	0.00	0.00	0.00	PR-96	65.00	0.00
							REM: N216							
1013940584	0513	051325	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	G0446	XU		65.00	0.00	0.00	0.00	CO-96	65.00	0.00
							REM: N435							
1013940584	0513	051325	11	1	99214	25		219.00	0.00	0.00	0.00	CO-16	219.00	0.00
							REM: M76							
PT RESP	65.00					CLAIM	TOTALS	439.00	30.94	0.00	0.00		408.68	30.32
ADJ TO TOTAL: PREV PD							INTEREST	0.02					NET	30.32
STATUS CODE 1: Processed as Primary														

NAME	CRONKRIGHT, PAMELA M					HIC	XYL992298467 ACNT	6345LMD642			ICN 250514360166	ASG Y	MOA	
1306898036	0513	051325	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0513	051325	11	1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67	5.08
												CO-253	0.10	
1306898036	0513	051325	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1306898036	0513	051325	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-253	0.62	
1306898036	0513	051325	11	1	99214	25		219.00	120.84	0.00	0.00	CO-45	98.16	118.42
												CO-253	2.42	
1306898036	0513	051325	11	1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	5.66
												CO-253	0.12	
1306898036	0513	051325	11	1	G0446	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-253	0.62	
1306898036	0513	051325	11	1	G2211			25.00	15.26	0.00	0.00	CO-45	9.74	14.95
												CO-253	0.31	
1306898036	0513	051325	11	1	99401	25		65.00	0.00	0.00	0.00	PR-96	65.00	0.00
							REM: N216							
1306898036	0513	051325	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0513	051325	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0513	051325	11	1	3060F			0.00	0.00	0.00	0.00			0.00
PT RESP	65.00					CLAIM	TOTALS	491.55	218.03	0.00	0.00		277.89	213.66
ADJ TO TOTAL: PREV PD							INTEREST	0.11					NET	213.66
STATUS CODE 1: Processed as Primary														

NAME	MUTSCHLER, MARY J					HIC	XYL917048209 ACNT	6384LMD642			ICN 250516574129	ASG Y	MOA	
1013940584	0416	041625	11	1	99401	25		65.00	0.00	0.00	0.00	PR-96	65.00	0.00
							REM: N216							
1013940584	0416	041625	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	3060F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67	5.08
												CO-253	0.10	
1013940584	0416	041625	11	1	36415			20.00	0.00	0.00	0.00	CO-16	20.00	0.00
							REM: MA63							
1013940584	0416	041625	11	1	G0446	XU		61.88	30.94	0.00	0.00	CO-45	30.94	30.32
												CO-253	0.62	
1013940584	0416	041625	11	1	99214	25		241.68	120.84	0.00	0.00	CO-45	120.84	118.42
												CO-253	2.42	
1013940584	0416	041625	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-253	0.62	
1013940584	0416	041625	11	1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	5.66
												CO-253	0.12	
1013940584	0416	041625	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	65.00					CLAIM	TOTALS	486.11	193.68	0.00	0.00		296.31	189.80
ADJ TO TOTAL: PREV PD							INTEREST	0.05					NET	189.80
STATUS CODE 1: Processed as Primary														



BLUE CROSS BLUE SHIELD OF MICH

NPI #: 1982923660

EFT #: 604150823

TIMOTHY J TOBOLIC MD PLLC

PAGE #: 3 of 4

REMITTANCE

ADVICE

DATE: 2025-06-24

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	ZUIVERINK, CAROLE S		HIC	XYL993691124	ACNT	6845LMD642			ICN	250610445933	ASG Y	MOA
1013940584	0509	050925	11	1	98966		25.00	12.59	0.00	0.00	CO-45	12.41
											CO-253	0.25
PT RESP	0.00				CLAIM TOTALS		25.00	12.59	0.00	0.00		12.66
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1:	Processed as Primary											

NAME	ZUIVERINK, CAROLE S		HIC	XYL993691124	ACNT	6846LMD642			ICN	250610446173	ASG Y	MOA
1013940584	0418	041825	11	1	98968		64.78	32.39	0.00	0.00	CO-45	32.39
											CO-253	0.65
PT RESP	0.00				CLAIM TOTALS		64.78	32.39	0.00	0.00		33.04
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1:	Processed as Primary											

NAME	ZUIVERINK, CAROLE S		HIC	XYL993691124	ACNT	6852LMD642			ICN	250610446257	ASG Y	MOA
1013940584	0609	060925	11	1	99397 25		341.00	155.01	0.00	0.00	CO-45	185.99
											CO-253	3.10
1013940584	0609	060925	11	1	G0557		94.10	47.05	0.00	0.00	CO-45	47.05
											CO-253	0.94
1013940584	0609	060925	11	1	G0442 XU		30.00	16.22	0.00	0.00	CO-45	13.78
											CO-253	0.32
1013940584	0609	060925	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0609	060925	11	1	2028F		0.00	0.00	0.00	0.00		0.00
1013940584	0609	060925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0609	060925	11	1	G8420		0.00	0.00	0.00	0.00		0.00
1013940584	0609	060925	11	1	G9621		0.00	0.00	0.00	0.00		0.00
1013940584	0609	060925	11	1	G0136 33		34.80	17.40	0.00	0.00	CO-45	17.40
											CO-253	0.35
1013940584	0609	060925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0609	060925	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0609	060925	11	1	G2211		25.00	0.00	0.00	0.00	CO-16	25.00
					REM: M51							
1013940584	0609	060925	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1013940584	0609	060925	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91
											CO-253	0.18
1013940584	0609	060925	11	1	G0444 XU		29.45	0.00	0.00	0.00	CO-96	29.45
					REM: N435							
1013940584	0609	060925	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15
											CO-253	2.44
PT RESP	0.00				CLAIM TOTALS		935.35	366.62	0.00	0.00		576.06
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1:	Processed as Primary											

NAME	SCHELTEMA, DAVID A		HIC	XYL991208961	ACNT	2623LMD642			ICN	241017745652	ASG Y	MOA
1013940584	0906	090624	11	1	11402 52		-261.00	0.00	0.00	0.00	CO-252	-261.00
					REM: M127							
1013940584	0906	090624	11	1	99213 25		-146.00	-87.51	0.00	0.00	CO-45	-58.49
											CO-253	-1.75
PT RESP	0.00				CLAIM TOTALS		-407.00	-87.51	0.00	0.00		-321.24
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 22:	Reversal of Previous Payment											

NAME	SCHELTEMA, DAVID A		HIC	XYL991208961	ACNT	2623LMD642			ICN	250611531722	ASG Y	MOA
1013940584	0906	090624	11	1	11402 52		261.00	0.00	0.00	0.00	CO-252	261.00
					REM: M127							
1013940584	0906	090624	11	1	99213 25		146.00	87.51	0.00	0.00	CO-45	58.49
											CO-253	1.75
PT RESP	0.00				CLAIM TOTALS		407.00	87.51	0.00	0.00		321.24
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1:	Processed as Primary											

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Interest Owed (L6)	6375LMD642	250514359837	-0.06
	Interest Owed (L6)	6366LMD642	250514359872	-0.11
	Interest Owed (L6)	6359LMD642	250514360093	-0.02
	Interest Owed (L6)	6345LMD642	250514360166	-0.11
	Interest Owed (L6)	6384LMD642	250516574129	-0.05

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	10	3356.79	1209.26	0.00	0.00	2191.34	1165.80	-0.35	1165.80

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-252 An attachment / other documentation is required to adjudicate this claim / service. Check Remittance



BLUE CROSS BLUE SHIELD OF MICH

REMITTANCE

NPI #: 1982923660

TIMOTHY J TOBOLIC MD PLLC

ADVICE

EFT #: 604150823

PAGE #: 4 of 4

DATE: 2025-06-24

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).

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

M127 Missing patient medical record for this service.

M51 Missing / incomplete / invalid procedure code(s).

M76 Missing / incomplete / invalid diagnosis or condition.

MA63 Missing / incomplete / invalid principal diagnosis.

N19 Procedure code incidental to primary procedure.

N216 Patient is not enrolled in this portion of our benefit package

N435 Exceeds number / frequency approved /allowed within time period without support documentation.

PR-3 Co-payment Amount

PR-96 Non-covered charge(s).

