

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 4
DATE: 2025-03-05
EFT #: 741764447
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME DOORNBOS, NATHAN D				HIC	WMI	922605358	ACNT	4883LMD642			ICN	26250520716400710	ASG	Y MOA
1306898036	0219	021925	11	1	99213	25		146.00	98.69	0.00	0.00	CO-144	7.40	61.29
												CO-45	47.31	
												PR-3	30.00	
1306898036	0219	021925	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
1306898036	0219	021925	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	30.00						CLAIM TOTALS	166.00	103.69	0.00	0.00		100.09	65.91
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE		0.00	NET	65.91
STATUS CODE 1: Processed as Primary														

NAME BURNS, CALEB P				HIC MDGM02712111 ACNT 4971LMD642				ICN 26250571843900710 ASG Y				MOA			
INSURED NAME: BURNS, ALEXANDRA N															
1306898036	0225	022525	11	1	99395	25		297.00	155.93	0.00	0.00	CO-144	11.70	144.23	
												CO-45	141.07		
1306898036	0225	022525	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62	
												CO-45	15.00		
1306898036	0225	022525	11	1	90715			87.00	48.04	0.00	0.00	CO-45	38.96	48.04	
1306898036	0225	022525	11	1	90471			41.00	33.29	0.00	0.00	CO-144	2.50	30.79	
												CO-45	7.71		
1306898036	0225	022525	11	1	G0442	XU		30.00	30.00	0.00	0.00	CO-144	2.25	27.75	
1306898036	0225	022525	11	1	G0444	XU 33		29.45	0.00	0.00	0.00	CO-234	29.45	0.00	
REM: N20															
1306898036	0225	022525	11	1	3074F			0.00	0.00	0.00	0.00			0.00	
1306898036	0225	022525	11	1	3078F			0.00	0.00	0.00	0.00			0.00	
1306898036	0225	022525	11	1	G9622			0.00	0.00	0.00	0.00			0.00	
1306898036	0225	022525	11	1	G8510			0.00	0.00	0.00	0.00			0.00	
1306898036	0225	022525	11	1	G9622			0.00	0.00	0.00	0.00			0.00	
PT RESP	0.00				CLAIM TOTALS			504.45	272.26	0.00	0.00		249.02	255.43	
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	255.43	
STATUS CODE 1: Processed as Primary															

NAME PARCHER, RYAN R				HIC	MJE	921837692	ACNT	4957LMD642			ICN	26250571843600710	ASG	Y MOA
1306898036	0224	022425	11	1	99396			327.00	165.75	0.00	0.00	CO-144	12.44	153.31
												CO-45	161.25	
1306898036	0224	022425	11	1	G0442	XU		30.00	30.00	0.00	0.00	CO-144	2.25	27.75
1306898036	0224	022425	11	1	G0444	XU 33		29.45	0.00	0.00	0.00	CO-234	29.45	0.00
REM: N20														
1306898036	0224	022425	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0224	022425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0224	022425	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0224	022425	11	1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00						CLAIM TOTALS	386.45	195.75	0.00	0.00		205.39	181.06
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE		0.00	NET	181.06
STATUS CODE 1: Processed as Primary														

NAME HANSMA, ANDREW J				HIC	GHP	916312798	ACNT	4921LMD642			ICN	28250553381100710	ASG	Y MOA
1306898036	0221	022125	11	1	99214			219.00	143.12	0.00	0.00	CO-144	10.74	107.38
												CO-45	75.88	
												PR-3	25.00	
1306898036	0221	022125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0221	022125	11	1	3077F			0.00	0.00	0.00	0.00			0.00
PT RESP	25.00						CLAIM TOTALS	219.00	143.12	0.00	0.00		111.62	107.38
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE		0.00	NET	107.38
STATUS CODE 1: Processed as Primary														



BCBSM			REMITTANCE
NPI #:	1982923660	TIMOTHY J TOBOLIC MD PLLC	ADVICE
EFT #:	741764447	PAGE #: 2 of 4	DATE: 2025-03-05

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME GRAHAM, ROBERT L			HIC BUB919140824		ACNT	4796LMD642	ICN 26250502226700710		ASG Y	MOA		
1306898036	0214	021425	11	1	99213	25	146.00	98.69	0.00	0.00	CO-144	71.29
											7.40	
											47.31	
											20.00	
1306898036	0214	021425	11	1	71046		68.20	53.79	0.00	0.00	CO-144	49.75
											4.04	
											14.41	
1306898036	0214	021425	11	1	G8417		0.00	0.00	0.00	0.00		0.00
1306898036	0214	021425	11	1	G8427		0.00	0.00	0.00	0.00		0.00
1306898036	0214	021425	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0214	021425	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	20.00				CLAIM TOTALS		214.20	152.48	0.00	0.00		121.04
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 121.04
STATUS CODE 1: Processed as Primary												

NAME GRAHAM, ROBERT L			HIC BUB919140824		ACNT	4885LMD642	ICN 26250520715300710		ASG Y	MOA		
1306898036	0219	021925	11	1	99213		146.00	98.69	0.00	0.00	CO-144	71.29
											7.40	
											47.31	
											20.00	
1306898036	0219	021925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0219	021925	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	20.00				CLAIM TOTALS		146.00	98.69	0.00	0.00		71.29
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 71.29
STATUS CODE 1: Processed as Primary												

NAME REYES, DONNA M			HIC BUBM60502170		ACNT	4877LMD642	ICN 26250520714100710		ASG Y	MOA		
INSURED NAME: REYES, ROLANDO M												
1013940584	0213	021325	11	1	99214		219.00	143.12	0.00	0.00	CO-144	117.38
											10.74	
											75.88	
											15.00	
1013940584	0213	021325	11	1	36415		20.00	5.00	0.00	0.00	CO-45	0.00
											15.00	
											5.00	
1013940584	0213	021325	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	3079F		0.00	0.00	0.00	0.00		0.00
PT RESP	20.00				CLAIM TOTALS		239.00	148.12	0.00	0.00		117.38
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 117.38
STATUS CODE 1: Processed as Primary												

NAME POLL, DOUGLAS			HIC KMT893440590		ACNT	4727LMD642	ICN 26250440698400710		ASG Y	MOA		
1306898036	0211	021125	11	1	99395	25	297.00	0.00	0.00	0.00	CO-6	0.00
											297.00	
REM: N129												
1306898036	0211	021125	11	1	G2211		25.00	0.00	0.00	0.00	CO-97	0.00
1306898036	0211	021125	11	1	G0442	XU	43.00	30.36	0.00	0.00	CO-144	29.90
											0.46	
											12.64	
1306898036	0211	021125	11	1	G0444	XU 33	91.00	0.00	0.00	0.00	PI-97	0.00
1306898036	0211	021125	11	1	82043	QW	14.70	4.34	4.34	0.00	CO-45	0.00
1306898036	0211	021125	11	1	82570	QW	17.85	3.89	3.89	0.00	CO-45	0.00
1306898036	0211	021125	11	1	G0444		29.45	0.00	0.00	0.00	PI-97	0.00
1306898036	0211	021125	11	1	G0442		30.00	30.00	0.00	0.00	CO-144	29.55
1306898036	0211	021125	11	1	3061F		0.00	0.00	0.00	0.00		0.00
1306898036	0211	021125	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0211	021125	11	1	G9622		0.00	0.00	0.00	0.00		0.00
PT RESP	8.23				CLAIM TOTALS		548.00	68.59	8.23	0.00		59.45
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 59.45
STATUS CODE 1: Processed as Primary												



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME DENNETT, JAMIE A				HIC	MMJ917200023	ACNT	4676LMD642			ICN	26250413021000710	ASG Y	MOA	
1013940584	0206	020625	11	1	99386			-388.00	0.00	0.00	0.00	CO-97	-388.00	0.00
REM: N20														
1013940584	0206	020625	11	1	36415			-20.00	0.00	0.00	0.00	CO-144	-0.38	-4.62
												CO-45	-15.00	
1013940584	0206	020625	11	1	46600	59		-190.00	0.00	-148.68	0.00	CO-45	-41.32	0.00
1013940584	0206	020625	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	2000F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		-598.00	0.00	-148.68	0.00		-444.70	-4.62
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	-4.62
STATUS CODE 22: Reversal of Previous Payment														

NAME DENNETT, JAMIE A				HIC	MMJ917200023	ACNT	4676LMD642			ICN	26250413021002710	ASG Y	MOA	
1013940584	0206	020625	11	1	99396	25		327.00	165.75	0.00	0.00	CO-144	12.44	153.31
												CO-45	161.25	
1013940584	0206	020625	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
1013940584	0206	020625	11	1	46600	59		190.00	148.68	148.68	0.00	CO-45	41.32	0.00
1013940584	0206	020625	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0206	020625	11	1	2000F			0.00	0.00	0.00	0.00			0.00
PT RESP	148.68					CLAIM TOTALS		537.00	319.43	148.68	0.00		230.39	157.93
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	157.93
STATUS CODE 1: Processed as Primary														

NAME BECK, MICHELLE A				HIC	DNW891210745	ACNT	4892LMD642	ICN 28250521438200710				ASG Y	MOA	
INSURED NAME: BECK, JOSEPH B														
1013940584	0220	022025	11	1	99214	25		219.00	143.12	143.12	0.00	CO-45	75.88	0.00
1013940584	0220	022025	11	1	J2175			25.00	1.78	1.78	0.00	CO-45	23.22	0.00
1013940584	0220	022025	11	1	J2550			12.00	2.07	2.07	0.00	CO-45	9.93	0.00
1013940584	0220	022025	11	1	96372			26.50	15.35	15.35	0.00	CO-45	11.15	0.00
1013940584	0220	022025	11	1	3077F			0.00	0.00	0.00	0.00			0.00
1013940584	0220	022025	11	1	3079F			0.00	0.00	0.00	0.00			0.00
PT RESP	162.32				CLAIM TOTALS			282.50	162.32	162.32	0.00		120.18	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

NAME MURPHY, BETH A				HIC	NSS891256376	ACNT	10LMD642			ICN	26250571844300710	ASG Y	MOA	N152
1013940584	0501	050124	11	1	99396	25		327.00	0.00	0.00	0.00	PI-16	327.00	0.00
REM: N152														
1013940584	0501	050124	11	1	36415	59		15.00	0.00	0.00	0.00	PI-16	15.00	0.00
REM: N152														
1013940584	0501	050124	11	2	96127	XU		75.00	0.00	0.00	0.00	PI-16	75.00	0.00
REM: N152														
1013940584	0501	050124	11	1	96127	XU		248.84	0.00	0.00	0.00	PI-16	248.84	0.00
REM: N152														
1013940584	0501	050124	11	2	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050124	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050124	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050124	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050124	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050124	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050124	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0501	050124	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		665.84	0.00	0.00	0.00		665.84	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary														



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME MURPHY, JAMES J				HIC WYO891366738 ACNT 4878LMD642				ICN 26250520715000710 ASG Y MOA						
1013940584	0210	021025	11	1	99214			219.00	143.12	143.12	0.00	CO-45	75.88	0.00
1013940584	0210	021025	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0210	021025	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		143.12		CLAIM TOTALS				219.00	143.12	143.12	0.00		75.88	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

NAME DAMOOSE, LYNDA L		HIC MZO893196534 ACNT 5024LMD642				ICN 26250590665800710 ASG Y				MOA			
INSURED NAME: DAMOOSE, RYAN T													
1306898036 0227 022725 11		1 85610		21.00		0.00		0.00		0.00		PI-16 21.00 0.00	
				REM: N286									
PT RESP 0.00		CLAIM TOTALS		21.00		0.00		0.00		0.00		21.00 0.00	
ADJ TO TOTAL: PREV PD				INTEREST 0.00		LATE FILING CHARGE				0.00		NET 0.00	
STATUS CODE 1: Processed as Primary													

PROVIDER ADJ DETAILS:		PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Overpayment Recovery (WO)			5052010220		29.90

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	14	3550.44	1807.57	313.67	0.00	2104.52	1102.35	29.90	1102.35

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

CO-144 Incentive adjustment, e.g. preferred product / service.

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

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

CO-6 The procedure / revenue code is inconsistent with the patient's age.

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

N129 Not eligible due to the patient's age.

N152 Missing / incomplete / invalid replacement claim information.

N20 Service not payable with other service rendered on the same date.

N286 Missing / incomplete / invalid referring provider primary identifier.

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

PI-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

PR-1 Deductible Amount

PR-3 Co-payment Amount

