

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: 2025-07-02
EFT #: 742751395
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	KARADSHEH, TAHANI	F		HIC	JXP919855795	ACNT	6953LMD642			ICN	27251714350000710	ASG Y	MOA	
1306898036	0613	061325	11	1	99213	25		146.00	98.69	0.00	0.00	CO-144	3.70	20.65
							REM: N172					CO-203	49.34	
												CO-45	47.31	
												PR-3	25.00	
1306898036	0613	061325	11	1	36415			20.00	5.00	5.00	0.00	CO-45	15.00	0.00
1306898036	0613	061325	11	1	99401	25		65.00	61.25	0.00	0.00	CO-144	4.60	56.65
												CO-45	3.75	
1306898036	0613	061325	11	1	G0447	XU		0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	11	1	G8476			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	11	1	G8427			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0613	061325	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	30.00					CLAIM TOTALS		231.00	164.94	5.00	0.00		148.70	77.30
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	77.30
STATUS CODE 1: Processed as Primary														

NAME	MURPHY, BETH	A		HIC	NSS891256376	ACNT	7162LMD642			ICN	26251788043000710	ASG Y	MOA	
1013940584	0625	062525	11	1	99214	25		219.00	143.12	71.56	0.00	CO-203	71.56	0.00
							REM: N172					CO-45	75.88	
1013940584	0625	062525	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
1013940584	0625	062525	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0625	062525	11	1	G0447	XU		65.00	40.48	0.00	0.00	CO-144	3.04	37.44
												CO-45	24.52	
1013940584	0625	062525	11	1	99401	25		65.00	61.25	0.00	0.00	CO-144	4.60	56.65
												CO-45	3.75	
1013940584	0625	062525	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0625	062525	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0625	062525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0625	062525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0625	062525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0625	062525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0625	062525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0625	062525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	71.56					CLAIM TOTALS		369.00	249.85	71.56	0.00		198.73	98.71
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	98.71
STATUS CODE 1: Processed as Primary														



BCBSM			REMITTANCE
NPI #:	1982923660	TIMOTHY J TOBOLIC MD PLLC	ADVICE
EFT #:	742751395	PAGE #: 2 of 4	DATE: 2025-07-02

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME WEBER, MICHAEL J				HIC	MMJ893003317	ACNT	7036LMD642	ICN 26251769883100710		ASG	Y	MOA		
1306898036	0618	061825	11	1	99395	25		297.00	155.93	0.00	0.00	CO-144	11.70	144.23
												CO-45	141.07	
1306898036	0618	061825	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
1306898036	0618	061825	11	1	G0444	XU		91.00	0.00	0.00	0.00	CO-234	91.00	0.00
						REM: N20								
1306898036	0618	061825	11	1	G0442	XU		43.00	30.36	0.00	0.00	CO-144	2.28	28.08
												CO-45	12.64	
1306898036	0618	061825	11	1	G0136	33		34.80	0.00	0.00	0.00	PR-119	34.80	0.00
1306898036	0618	061825	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0618	061825	11	1	G8476			0.00	0.00	0.00	0.00			0.00
1306898036	0618	061825	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0618	061825	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0618	061825	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0618	061825	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0618	061825	11	1	G8427			0.00	0.00	0.00	0.00			0.00
PT RESP	34.80					CLAIM TOTALS		485.80	191.29	0.00	0.00		308.87	176.93
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	176.93
STATUS CODE 1: Processed as Primary														

NAME MURPHY, JAMES J				HIC	WYO891366738	ACNT	7011LMD642	ICN 27251750420800710		ASG	Y	MOA		
1013940584	0617	061725	11	1	99396	25		327.00	165.75	0.00	0.00	CO-144	12.44	153.31
												CO-45	161.25	
1013940584	0617	061725	11	1	G0136	33		34.80	0.00	0.00	0.00	PR-119	34.80	0.00
1013940584	0617	061725	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
1013940584	0617	061725	11	1	82043	QW		14.70	4.34	0.00	0.00	CO-45	10.36	4.34
1013940584	0617	061725	11	1	82570	QW		17.85	3.89	0.00	0.00	CO-45	13.96	3.89
1013940584	0617	061725	11	1	96127	XU		40.00	7.46	0.00	0.00	CO-144	0.56	6.90
												CO-45	32.54	
1013940584	0617	061725	11	1	96127	XU		40.00	7.46	0.00	0.00	CO-144	0.56	6.90
												CO-45	32.54	
1013940584	0617	061725	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0617	061725	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0617	061725	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0617	061725	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0617	061725	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0617	061725	11	1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP	34.80					CLAIM TOTALS		494.35	193.90	0.00	0.00		314.39	179.96
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	179.96
STATUS CODE 1: Processed as Primary														

NAME IRWIN, BENJAMIN R				HIC	KCWM66241714	ACNT	7152LMD642	ICN 26251779521500710		ASG	Y	MOA		
INSURED NAME: IRWIN, CARRIE B														
1013940584	0625	062525	11	1	99396	25		327.00	165.75	0.00	0.00	CO-144	12.44	153.31
												CO-45	161.25	
1013940584	0625	062525	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
1013940584	0625	062525	11	1	82043	QW		14.70	4.34	0.00	0.00	CO-45	10.36	4.34
1013940584	0625	062525	11	1	82570	QW		17.85	3.89	0.00	0.00	CO-45	13.96	3.89
1013940584	0625	062525	11	1	G0136	33		34.80	0.00	0.00	0.00	PR-119	34.80	0.00
1013940584	0625	062525	11	1	G0442	XU		30.00	30.00	0.00	0.00	CO-144	2.25	27.75
1013940584	0625	062525	11	1	G0444	XU		29.45	0.00	0.00	0.00	CO-234	29.45	0.00
						REM: N20								
1013940584	0625	062525	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0625	062525	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0625	062525	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0625	062525	11	1	G9621			0.00	0.00	0.00	0.00			0.00
1013940584	0625	062525	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0625	062525	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0625	062525	11	1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP	34.80					CLAIM TOTALS		473.80	208.98	0.00	0.00		279.89	193.91
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	193.91
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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME TENBRINK, AMBER R HIC DQFM69906919 ACNT 6965LMD642 ICN 27251714349200710 ASG Y MOA														
1013940584	0613	061325	11	1	99395	25		297.00	155.93	0.00	0.00	CO-144	11.70	144.23
												CO-45	141.07	
1013940584	0613	061325	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
1013940584	0613	061325	11	1	G0136	33		65.00	30.36	0.00	0.00	CO-144	2.28	28.08
												CO-45	34.64	
1013940584	0613	061325	11	1	G0442	XU		30.00	30.00	0.00	0.00	CO-144	2.25	27.75
1013940584	0613	061325	11	1	G0444	XU		29.45	0.00	0.00	0.00	PI-97	29.45	0.00
1013940584	0613	061325	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0613	061325	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0613	061325	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0613	061325	11	1	G8417			0.00	0.00	0.00	0.00			0.00
1013940584	0613	061325	11	1	G9621			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00						CLAIM TOTALS	441.45	221.29	0.00	0.00		236.77	204.68
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING	CHARGE	0.00	NET	204.68
STATUS CODE 1: Processed as Primary														

NAME TENBRINK, AMBER R HIC DQFM69906919 ACNT 6946LMD642 ICN 27251714350600710 ASG Y MOA														
1013940584	0307	030725	11	1	99213	25		146.00	98.69	0.00	0.00	CO-144	3.70	45.65
												CO-45	47.31	
												PI-204	49.34	
1013940584	0307	030725	11	1	G0447	XU		65.00	40.48	0.00	0.00	CO-144	3.04	37.44
												CO-45	24.52	
1013940584	0307	030725	11	1	99401	25		65.00	61.25	0.00	0.00	CO-144	4.60	56.65
												CO-45	3.75	
1013940584	0307	030725	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0307	030725	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0307	030725	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0307	030725	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0307	030725	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0307	030725	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0307	030725	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0307	030725	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0307	030725	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00						CLAIM TOTALS	276.00	200.42	0.00	0.00		136.26	139.74
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING	CHARGE	0.00	NET	139.74
STATUS CODE 1: Processed as Primary														

NAME BUSBEE, RANDALL W HIC KMT890446051 ACNT 5440LMD642 ICN 26250851636700710 ASG Y MOA														
1306898036	0324	032425	11	1	99213	25		-146.00	0.00	-49.35	0.00	CO-131	-49.34	0.00
												CO-45	-47.31	
1306898036	0324	032425	11	1	36415			-20.00	0.00	-5.00	0.00	CO-45	-15.00	0.00
1306898036	0324	032425	11	1	82043	QW		-14.70	0.00	-1.28	-0.46	CO-45	-10.36	-2.60
1306898036	0324	032425	11	1	82570	QW		-17.85	0.00	-3.89	0.00	CO-45	-13.96	0.00
1306898036	0324	032425	11	1	G0447	XU		0.00	0.00	0.00	0.00			0.00
1306898036	0324	032425	11	1	99401	33		0.00	0.00	0.00	0.00			0.00
1306898036	0324	032425	11	1	G0446	XU		-61.88	0.00	-40.48	0.00	CO-45	-21.40	0.00
1306898036	0324	032425	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0324	032425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0324	032425	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0324	032425	11	1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00						CLAIM TOTALS	-260.43	0.00	-100.00	-0.46		-157.37	-2.60
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING	CHARGE	0.00	NET	-2.60
STATUS CODE 22: Reversal of Previous Payment														

NAME BUSBEE, RANDALL W HIC KMT890446051 ACNT 5440LMD642 ICN 26250851636702710 ASG Y MOA														
1306898036	0324	032425	11	1	99213	25		146.00	98.69	0.00	49.35	CO-131	49.34	0.00
												CO-45	47.31	
1306898036	0324	032425	11	1	36415			20.00	5.00	0.00	5.00	CO-45	15.00	0.00
1306898036	0324	032425	11	1	82043	QW		14.70	4.34	0.00	1.74	CO-45	10.36	2.60
1306898036	0324	032425	11	1	82570	QW		17.85	3.89	0.00	3.89	CO-45	13.96	0.00
1306898036	0324	032425	11	1	G0447	XU		0.00	0.00	0.00	0.00			0.00
1306898036	0324	032425	11	1	99401	33		0.00	0.00	0.00	0.00			0.00
1306898036	0324	032425	11	1	G0446	XU		61.88	40.48	0.00	40.48	CO-45	21.40	0.00
1306898036	0324	032425	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0324	032425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0324	032425	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0324	032425	11	1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP	100.46						CLAIM TOTALS	260.43	152.40	0.00	100.46		157.37	2.60
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING	CHARGE	0.00	NET	2.60
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
	9	2771.40	1583.07	-23.44	100.00	1623.61	1071.23	0.00	1071.23



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

CO-131 Claim specific negotiated discount.
CO-144 Incentive adjustment, e.g. preferred product / service.
CO-203 Discontinued or reduced 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.
N172 The patient is not liable for the denied / adjusted charge(s) for receiving any updated service / item.
N20 Service not payable with other service rendered on the same date.
PI-204 This service / equipment / drug is not covered under the patient's current benefit plan
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-119 Benefit maximum for this time period or occurrence has been reached.
PR-2 Coinsurance Amount
PR-3 Co-payment Amount

