

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 3
DATE: 2025-03-26
EFT #: 741935794
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD	
NAME NOORMAN, VICKI L				HIC DNW893893830 ACNT				5275	LMD642	ICN 26250779986000710 ASG Y				MOA	
INSURED NAME: NOORMAN, RANDALL J															
1306898036	0314	031425	11	1	98966			25.00	18.10	0.00	0.00	CO-144	1.36	16.74	
												CO-45	6.90		
PT RESP				0.00	CLAIM TOTALS				25.00	18.10	0.00	0.00		8.26	16.74
ADJ TO TOTAL: PREV PD					INTEREST				0.00		LATE FILING	CHARGE	0.00	NET	16.74
STATUS CODE 1: Processed as Primary															

NAME PLAYFORD, MARTHA C				HIC LZC914154726 ACNT				5337	LMD642	ICN 26250781949500710 ASG Y				MOA	
INSURED NAME: PLAYFORD, MARK W															
1013940584	0317	031725	11	1	99396			327.00	165.75	0.00	0.00	CO-144	12.44	153.31	
												CO-45	161.25		
1013940584	0317	031725	11	1	99214	25		219.00	143.12	0.00	0.00	CO-144	5.36	41.20	
						REM: N172						CO-203	71.56		
												CO-45	75.88		
												PR-3	25.00		
1013940584	0317	031725	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62	
												CO-45	15.00		
1013940584	0317	031725	11	1	G0136	33		34.80	0.00	0.00	0.00	PR-119	34.80	0.00	
1013940584	0317	031725	11	1	96127	XU		40.00	7.46	0.00	0.00	CO-144	0.56	6.90	
												CO-45	32.54		
1013940584	0317	031725	11	1	96160	XU		5.30	4.79	0.00	0.00	CO-144	0.36	4.43	
												CO-45	0.51		
1013940584	0317	031725	11	1	3075F			0.00	0.00	0.00	0.00			0.00	
1013940584	0317	031725	11	1	3078F			0.00	0.00	0.00	0.00			0.00	
1013940584	0317	031725	11	1	G9621			0.00	0.00	0.00	0.00			0.00	
1013940584	0317	031725	11	1	G8510			0.00	0.00	0.00	0.00			0.00	
PT RESP				59.80	CLAIM TOTALS				646.10	326.12	0.00	0.00		435.64	210.46
ADJ TO TOTAL: PREV PD					INTEREST				0.00		LATE FILING	CHARGE	0.00	NET	210.46
STATUS CODE 1: Processed as Primary															

NAME FLIER, JOSHUA J				HIC MMJ922515349 ACNT				5278	LMD642	ICN 26250772780900710 ASG Y				MOA	
INSURED NAME: FLIER, AMANDA A															
1306898036	0314	031425	11	1	99495	25		318.00	241.26	241.26	0.00	CO-45	76.74	0.00	
1306898036	0314	031425	11	1	99401	33		40.00	40.00	0.00	0.00	CO-144	3.00	37.00	
1306898036	0314	031425	11	1	3074F			0.00	0.00	0.00	0.00			0.00	
1306898036	0314	031425	11	1	3078F			0.00	0.00	0.00	0.00			0.00	
PT RESP				241.26	CLAIM TOTALS				358.00	281.26	241.26	0.00		79.74	37.00
ADJ TO TOTAL: PREV PD					INTEREST				0.00		LATE FILING	CHARGE	0.00	NET	37.00
STATUS CODE 1: Processed as Primary															

NAME PENNINGTON, KAREN J				HIC BUBM65353116 ACNT				5041	LMD642	ICN 26250640406600710 ASG Y				MOA	
INSURED NAME: PENNINGTON, RUSSELL L															
1013940584	0228	022825	11	1	99214	25		219.00	143.12	0.00	0.00	CO-144	10.74	132.38	
												CO-45	75.88		
1013940584	0228	022825	11	1	20610	LT		155.00	82.32	0.00	0.00	CO-144	6.17	56.15	
												CO-45	72.68		
												PR-3	20.00		
1013940584	0228	022825	11	1	J1010	LT		1.50	0.06	0.00	0.00	CO-45	1.44	0.06	
1013940584	0228	022825	11	1	3077F			0.00	0.00	0.00	0.00			0.00	
1013940584	0228	022825	11	1	3079F			0.00	0.00	0.00	0.00			0.00	
1013940584	0228	022825	11	1	3008F			0.00	0.00	0.00	0.00			0.00	
1013940584	0228	022825	11	1	2001F			0.00	0.00	0.00	0.00			0.00	
1013940584	0228	022825	11	1	2000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0228	022825	11	1	1000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0228	022825	11	1	1159F			0.00	0.00	0.00	0.00			0.00	
1013940584	0228	022825	11	1	1160F			0.00	0.00	0.00	0.00			0.00	
PT RESP				20.00	CLAIM TOTALS				375.50	225.50	0.00	0.00		186.91	188.59
ADJ TO TOTAL: PREV PD					INTEREST				0.00		LATE FILING	CHARGE	0.00	NET	188.59
STATUS CODE 1: Processed as Primary															



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME FULLER, KENNETH L				HIC	RMH893342977	ACNT	5021LMD642			ICN	26250592496200710	ASG Y	MOA	
1013940584	0226	022625	11	1	99214	25		-219.00	0.00	0.00	0.00	CO-144	-10.74	-102.38
													CO-45	-75.88
													PR-3	-30.00
1013940584	0226	022625	11	1	20610			-155.00	0.00	0.00	0.00	CO-4	-155.00	0.00
1013940584	0226	022625	11	1	J1010	LT		-1.50	0.00	0.00	0.00	CO-45	-1.44	-0.06
1013940584	0226	022625	11	1	3077F			0.00	0.00	0.00	0.00			0.00
1013940584	0226	022625	11	1	3080F			0.00	0.00	0.00	0.00			0.00
1013940584	0226	022625	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0226	022625	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0226	022625	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0226	022625	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0226	022625	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0226	022625	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00		CLAIM TOTALS				-375.50	0.00	0.00	0.00		-273.06	-102.44
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	-102.44
STATUS CODE 22: Reversal of Previous Payment														

NAME FULLER, KENNETH L				HIC	RMH893342977	ACNT	5021LMD642	ICN 26250592496202710		ASG Y	MOA			
1013940584	0226	022625	11	1	99214	25	219.00	143.12	0.00	0.00	CO-144	10.74	132.38	
													CO-45	75.88
1013940584	0226	022625	11	1	20610	LT	155.00	82.32	0.00	0.00	CO-144	6.17	46.15	
													CO-45	72.68
													PR-3	30.00
1013940584	0226	022625	11	1	J1010	LT	1.50	0.06	0.00	0.00	CO-45	1.44	0.06	
1013940584	0226	022625	11	1	3077F		0.00	0.00	0.00	0.00			0.00	
1013940584	0226	022625	11	1	3080F		0.00	0.00	0.00	0.00			0.00	
1013940584	0226	022625	11	1	3008F		0.00	0.00	0.00	0.00			0.00	
1013940584	0226	022625	11	1	2001F		0.00	0.00	0.00	0.00			0.00	
1013940584	0226	022625	11	1	2000F		0.00	0.00	0.00	0.00			0.00	
1013940584	0226	022625	11	1	1000F		0.00	0.00	0.00	0.00			0.00	
1013940584	0226	022625	11	1	1159F		0.00	0.00	0.00	0.00			0.00	
1013940584	0226	022625	11	1	1160F		0.00	0.00	0.00	0.00			0.00	
PT RESP		30.00		CLAIM TOTALS			375.50	225.50	0.00	0.00		196.91	178.59	
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	178.59	
STATUS CODE 1: Processed as Primary														

NAME THOMPSON, JOSEPH W				HIC	MMJ920661842	ACNT	5200LMD642	ICN 26250720138500710		ASG Y	MOA			
1306898036	0311	031125	11	1	99214	25	-219.00	0.00	-118.12	0.00	CO-45	-75.88	0.00	
													PR-3	-25.00
1306898036	0311	031125	11	1	36415		-20.00	0.00	-5.00	0.00	CO-45	-15.00	0.00	
1306898036	0311	031125	11	1	99401	XU	-40.00	0.00	0.00	0.00	CO-4	-40.00	0.00	
REM: M20														
1306898036	0311	031125	11	1	3077F		0.00	0.00	0.00	0.00			0.00	
1306898036	0311	031125	11	1	3080F		0.00	0.00	0.00	0.00			0.00	
1306898036	0311	031125	11	1	3008F		0.00	0.00	0.00	0.00			0.00	
1306898036	0311	031125	11	1	2001F		0.00	0.00	0.00	0.00			0.00	
1306898036	0311	031125	11	1	2000F		0.00	0.00	0.00	0.00			0.00	
1306898036	0311	031125	11	1	1000F		0.00	0.00	0.00	0.00			0.00	
1306898036	0311	031125	11	1	1159F		0.00	0.00	0.00	0.00			0.00	
1306898036	0311	031125	11	1	1160F		0.00	0.00	0.00	0.00			0.00	
PT RESP		0.00		CLAIM TOTALS			-279.00	0.00	-123.12	0.00		-155.88	0.00	
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00	
STATUS CODE 22: Reversal of Previous Payment														

NAME THOMPSON, JOSEPH W				HIC	MMJ920661842	ACNT	5200LMD642			ICN	26250720138502710	ASG Y	MOA		
1306898036	0311	031125	11	1	99214	25		219.00	143.12	46.56	0.00	CO-203	71.56	0.00	
														CO-45	75.88
														PR-3	25.00
1306898036	0311	031125	11	1	36415			20.00	5.00	5.00	0.00	CO-45	15.00	0.00	
1306898036	0311	031125	11	1	99401	33		40.00	40.00	0.00	0.00	CO-144	3.00	37.00	
1306898036	0311	031125	11	1	3077F			0.00	0.00	0.00	0.00			0.00	
1306898036	0311	031125	11	1	3080F			0.00	0.00	0.00	0.00			0.00	
1306898036	0311	031125	11	1	3008F			0.00	0.00	0.00	0.00			0.00	
1306898036	0311	031125	11	1	2001F			0.00	0.00	0.00	0.00			0.00	
1306898036	0311	031125	11	1	2000F			0.00	0.00	0.00	0.00			0.00	
1306898036	0311	031125	11	1	1000F			0.00	0.00	0.00	0.00			0.00	
1306898036	0311	031125	11	1	1159F			0.00	0.00	0.00	0.00			0.00	
1306898036	0311	031125	11	1	1160F			0.00	0.00	0.00	0.00			0.00	
PT RESP		76.56		CLAIM TOTALS				279.00	188.12	51.56	0.00		190.44	37.00	
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	37.00	
STATUS CODE 1: Processed as Primary															



REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BECK, MICHELLE A			HIC		DNW891210745 ACNT		5335LMD642		ICN 26250781949100710		ASG Y	MOA
INSURED NAME: BECK, JOSEPH B												
1013940584	0317	031725	11	1	99214	25	219.00	143.12	143.12	0.00	CO-45	75.88 0.00
1013940584	0317	031725	11	1	G0446	XU	61.88	0.00	0.00	0.00	PR-204	61.88 0.00
1013940584	0317	031725	11	1	3077F		0.00	0.00	0.00	0.00		0.00
1013940584	0317	031725	11	1	3080F		0.00	0.00	0.00	0.00		0.00
1013940584	0317	031725	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0317	031725	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0317	031725	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0317	031725	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0317	031725	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0317	031725	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		205.00		CLAIM TOTALS			280.88	143.12	143.12	0.00	137.76	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 BECK, JOSEPH B				HIC DNW891210745 ACNT 5295LMD642				ICN 27250773658300710 ASG Y MOA				
1013940584	0312	031225	11	1	99213	146.00	98.69	98.69	0.00	CO-45	47.31	0.00
1013940584	0312	031225	11	1	3078F	0.00	0.00	0.00	0.00			0.00
1013940584	0312	031225	11	1	3074F	0.00	0.00	0.00	0.00			0.00
PT RESP		98.69		CLAIM TOTALS		146.00	98.69	98.69	0.00		47.31	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 RODGERS, TIMOTHY L				HIC JXT922729749				ACNT 5051LMD642				ICN 26250640411400710				ASG Y		MOA	
INSURED NAME: ALLEN, KATHERINE M																			
1306898036	0228	022825	11	1	99212	-87.00	0.00	0.00	0.00	PR-27	-87.00	0.00							
1306898036	0228	022825	11	1	3008F	0.00	0.00	0.00	0.00										
1306898036	0228	022825	11	1	2001F	0.00	0.00	0.00	0.00										
1306898036	0228	022825	11	1	2000F	0.00	0.00	0.00	0.00										
1306898036	0228	022825	11	1	1000F	0.00	0.00	0.00	0.00										
1306898036	0228	022825	11	1	1159F	0.00	0.00	0.00	0.00										
1306898036	0228	022825	11	1	1160F	0.00	0.00	0.00	0.00										
1306898036	0228	022825	11	1	3074F	0.00	0.00	0.00	0.00										
1306898036	0228	022825	11	1	3078F	0.00	0.00	0.00	0.00										
PT RESP		0.00		CLAIM TOTALS		-87.00	0.00	0.00	0.00			-87.00	0.00						
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE				0.00		NET		0.00	
STATUS CODE 22: Reversal of Previous Payment																			

NAME RODGERS, TIMOTHY L				HIC JXT922729749				ACNT 5051LMD642				ICN 26250640411402710				ASG Y		MOA											
INSURED NAME: ALLEN, KATHERINE M																													
1306898036				0228		022825		11		1		99212		87.00		0.00		0.00		0.00		PR-27		87.00		0.00			
1306898036				0228		022825		11		1		3008F		0.00		0.00		0.00		0.00						0.00			
1306898036				0228		022825		11		1		2001F		0.00		0.00		0.00		0.00						0.00			
1306898036				0228		022825		11		1		2000F		0.00		0.00		0.00		0.00						0.00			
1306898036				0228		022825		11		1		1000F		0.00		0.00		0.00		0.00						0.00			
1306898036				0228		022825		11		1		1159F		0.00		0.00		0.00		0.00						0.00			
1306898036				0228		022825		11		1		1160F		0.00		0.00		0.00		0.00						0.00			
1306898036				0228		022825		11		1		3074F		0.00		0.00		0.00		0.00						0.00			
1306898036				0228		022825		11		1		3078F		0.00		0.00		0.00		0.00						0.00			
PT RESP				87.00						CLAIM TOTALS		87.00		0.00		0.00		0.00						87.00		0.00			
ADJ TO TOTAL: PREV PD										INTEREST				0.00				LATE FILING CHARGE				0.00				NET		0.00	
STATUS CODE 1: Processed as Primary																													

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	12	1831.48	1506.41	411.51	0.00	854.03	565.94	0.00	565.94

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

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

CO-203 Discontinued or reduced service.

CO-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.

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

M20 Missing / incomplete / invalid HCPCS.

N172 The patient is not liable for the denied / adjusted charge(s) for receiving any updated service / item.

PR-1 Deductible Amount

PR-119 Benefit maximum for this time period or occurrence has been reached.

PR-204 This service / equipment / drug is not covered under the patient's current benefit plan

PR-27 Expenses incurred after coverage terminated.

PR-3 Co-payment Amount

