

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: 2025-07-15
EFT #: 604170912
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SOBESKY, ADRIAN J			HIC		XYL991486949	ACNT	6442LMD642		ICN	250603887626	ASG Y	MOA
1306898036	0516	051625	11	1	G2211		25.00	15.26	15.26	0.00	CO-45	9.74
1306898036	0516	051625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0516	051625	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1306898036	0516	051625	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0516	051625	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0516	051625	11	1	99213		146.00	85.63	85.63	0.00	CO-45	60.37
PT RESP	100.89				CLAIM TOTALS		171.00	100.89	100.89	0.00		70.11
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												0.00

NAME IDEMA, DOUGLAS J			HIC		XYL842785905	ACNT	6747LMD642		ICN	250604026678	ASG Y	MOA
1013940584	0508	050825	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0508	050825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0508	050825	11	1	G2211		25.00	15.26	0.00	1.53	CO-45	9.74
											CO-253	0.27
1013940584	0508	050825	11	1	G0446 XU		61.88	30.94	0.00	0.00	CO-45	30.94
											CO-253	0.62
1013940584	0508	050825	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0508	050825	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0508	050825	11	1	99214 25		241.68	120.84	0.00	12.08	CO-45	120.84
											CO-253	2.18
1013940584	0508	050825	11	1	G0447 XU		65.00	30.94	0.00	0.00	CO-45	34.06
											CO-253	0.62
1013940584	0508	050825	11	1	99401 25		65.00	0.00	0.00	0.00	PR-96	65.00
REM: N216												
1013940584	0508	050825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0508	050825	11	1	G8476		0.00	0.00	0.00	0.00		0.00
1013940584	0508	050825	11	1	G8417		0.00	0.00	0.00	0.00		0.00
1013940584	0508	050825	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0508	050825	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0508	050825	11	1	1000F		0.00	0.00	0.00	0.00		0.00
PT RESP	78.61				CLAIM TOTALS		458.56	197.98	0.00	13.61		264.27
ADJ TO TOTAL: PREV PD							INTEREST	0.09	LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												180.68

NAME SCHNEIDER, BETTY L			HIC		XYL910959225	ACNT	6923LMD642		ICN	250701215310	ASG Y	MOA
1013940584	0611	061125	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0611	061125	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0611	061125	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0611	061125	11	1	99213		146.00	85.63	85.63	0.00	CO-45	60.37
PT RESP	85.63				CLAIM TOTALS		146.00	85.63	85.63	0.00		60.37
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												0.00



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DATE: 2025-07-15

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VANLAAN, LESLIE K HIC XYL842787562 ACNT 5590LMD642 ICN 250701215466 ASG Y MOA												
1013940584	0401	040125	11	1	G0442	XU	30.00	0.00	0.00	0.00	CO-16	30.00 0.00
REM: M76												
1013940584	0401	040125	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	99215	25	295.00	0.00	0.00	0.00	CO-97	295.00 0.00
REM: N19												
1013940584	0401	040125	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	1493F		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	1494F		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-96	29.45 0.00
REM: N435												
1013940584	0401	040125	11	1	3008F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		354.45	0.00	0.00	0.00		354.45 0.00
ADJ TO TOTAL: PREV PD INTEREST							0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 1: Processed as Primary												

NAME HADDAD, JANICE C HIC XYL842086436 ACNT 7229LMD642 ICN 250701216068 ASG Y MOA												
1013940584	0630	063025	11	1	G0180		99.42	49.71	0.00	0.00	CO-45	49.71 48.72
CO-253 0.99												
PT RESP	0.00				CLAIM TOTALS		99.42	49.71	0.00	0.00		50.70 48.72
ADJ TO TOTAL: PREV PD INTEREST							0.00		LATE FILING CHARGE		0.00	48.72
STATUS CODE 1: Processed as Primary												

NAME WYATT, SHAWN E HIC XYL991461877 ACNT 7209LMD642 ICN 250701216071 ASG Y MOA												
1013940584	0630	063025	11	1	99213	25	146.00	85.63	0.00	0.00	CO-45	60.37 83.92
CO-253 1.71												
1013940584	0630	063025	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00 0.00
REM: N20												
1013940584	0630	063025	11	1	G8476		0.00	0.00	0.00	0.00		0.00
1013940584	0630	063025	11	1	G8420		0.00	0.00	0.00	0.00		0.00
1013940584	0630	063025	11	1	G8427		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		171.00	85.63	0.00	0.00		87.08 83.92
ADJ TO TOTAL: PREV PD INTEREST							0.00		LATE FILING CHARGE		0.00	83.92
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Interest Owed (L6)	6747LMD642	250604026678	-0.09

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	6	1400.43	519.84	186.52	13.61	886.98	313.41	-0.09	313.41

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-234 This procedure is not paid separately. Check Remittance 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

M76 Missing / incomplete / invalid diagnosis or condition.

N19 Procedure code incidental to primary procedure.

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

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-1 Deductible Amount

PR-2 Coinsurance Amount

PR-96 Non-covered charge(s).

