

BCBSM []  
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DETROIT, MI 482262998  
(800)282-4548

REMITTANCE  
ADVICE

TIMOTHY J TOBOLIC MD PLLC  
  
BYRON CENTER, MI 493156928

NPI #: 1982923660  
PAGE #: 1 of 2  
DATE: 2025-06-25  
EFT #: 509910869  
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME KORTERING, SARA J				HIC	XYQM62581490	ACNT	6899LMD642	ICN 26251709719800710		ASG	Y	MOA		
1013940584	0610	061025	11	1	99396	25		327.00	165.75	0.00	0.00	CO-144	12.44	153.31
												CO-45	161.25	
1013940584	0610	061025	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
1013940584	0610	061025	11	1	G0136	33		65.00	30.36	30.36	0.00	CO-45	34.64	0.00
1013940584	0610	061025	11	1	G0442	XU		30.00	30.00	0.00	0.00	CO-144	2.25	27.75
1013940584	0610	061025	11	1	G0444	XU		29.45	0.00	0.00	0.00	CO-234	29.45	0.00
						REM: N20								
1013940584	0610	061025	11	1	99406			23.00	17.09	0.00	0.00	CO-144	1.29	15.80
												CO-45	5.91	
1013940584	0610	061025	11	1	G8417			0.00	0.00	0.00	0.00			0.00
1013940584	0610	061025	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0610	061025	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0610	061025	11	1	G9621			0.00	0.00	0.00	0.00			0.00
1013940584	0610	061025	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0610	061025	11	1	4004F			0.00	0.00	0.00	0.00			0.00
PT RESP	30.36				CLAIM	TOTALS		494.45	248.20	30.36	0.00		262.61	201.48
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	201.48
STATUS CODE 1: Processed as Primary														
NAME LICATA, CARMELO				HIC	XYQM69511445	ACNT	6914LMD642	ICN 26251709727900710		ASG	Y	MOA		
1306898036	0611	061125	11	1	99213	25		146.00	98.69	0.00	0.00	CO-144	3.70	25.65
						REM: N172						CO-203	49.34	
												CO-45	47.31	
												PR-3	20.00	
1306898036	0611	061125	11	1	G0447	XU		65.00	40.48	0.00	0.00	CO-144	3.04	37.44
												CO-45	24.52	
1306898036	0611	061125	11	1	99401	25		65.00	61.25	0.00	0.00	CO-144	4.60	56.65
												CO-45	3.75	
1306898036	0611	061125	11	1	83036	QW		60.90	14.71	0.00	0.00	CO-45	46.19	14.71
1306898036	0611	061125	11	1	0513F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	3077F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	3044F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	20.00				CLAIM	TOTALS		336.90	215.13	0.00	0.00		202.45	134.45
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	134.45
STATUS CODE 1: Processed as Primary														
NAME KEENA, ASHLEY J				HIC	DCU3799291CH	ACNT	6865LMD642	ICN 26251639300800710		ASG	Y	MOA		
1306898036	0609	060925	11	1	99214			219.00	143.12	0.00	0.00	CO-144	10.74	92.38
												CO-45	75.88	
												PR-3	40.00	
1306898036	0609	060925	11	1	G8476			0.00	0.00	0.00	0.00			0.00
PT RESP	40.00				CLAIM	TOTALS		219.00	143.12	0.00	0.00		126.62	92.38
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	92.38
STATUS CODE 1: Processed as Primary														



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME LOWERY, JACK S					HIC	FTQ498W14841	ACNT	6856LMD642		ICN	27251641710200710	ASG Y	MOA	
1306898036	0609	060925	11	1	99395	25		297.00	155.93	0.00	0.00	CO-144	11.70	144.23
												CO-45	141.07	
1306898036	0609	060925	11	1	G0136	33		34.80	30.36	30.36	0.00	CO-45	4.44	0.00
1306898036	0609	060925	11	1	99408			61.00	54.33	0.00	0.00	CO-144	4.07	50.26
												CO-45	6.67	
1306898036	0609	060925	11	1	96127	XU		40.00	7.46	0.00	0.00	CO-144	0.56	6.90
												CO-45	32.54	
1306898036	0609	060925	11	1	96127	XU		40.00	7.46	0.00	0.00	CO-144	0.56	6.90
												CO-45	32.54	
1306898036	0609	060925	11	1	G8427			0.00	0.00	0.00	0.00			0.00
1306898036	0609	060925	11	1	G8476			0.00	0.00	0.00	0.00			0.00
1306898036	0609	060925	11	1	G9621			0.00	0.00	0.00	0.00			0.00
1306898036	0609	060925	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0609	060925	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0609	060925	11	1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP	30.36				CLAIM	TOTALS		472.80	255.54	30.36	0.00		234.15	208.29
ADJ TO TOTAL: PREV PD						INTEREST		0.00	LATE FILING CHARGE			0.00	NET	208.29
STATUS CODE 1: Processed as Primary														

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	4	1523.15	861.99	60.72	0.00	825.83	636.60	0.00	636.60

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

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.

PR-1 Deductible Amount

PR-3 Co-payment Amount

