

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: 2025-08-13
EFT #: 510015477
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DAVIS, TIMOTHY S			HIC KKO892628673		ACNT	7751LMD642	ICN 26252168545000710		ASG	Y	MOA	
1013940584	0731	073125	11	1	99396	25	327.00	167.10	0.00	0.00	CO-144	12.53
											CO-45	159.90
1013940584	0731	073125	11	1	G0136	33	34.80	30.36	30.36	0.00	CO-45	4.44
1013940584	0731	073125	11	1	83036	QW	60.90	14.71	0.00	0.00	CO-45	46.19
1013940584	0731	073125	11	1	82043	QW	14.70	4.34	0.00	0.00	CO-45	10.36
1013940584	0731	073125	11	1	82570	QW	17.85	3.89	0.00	0.00	CO-45	13.96
1013940584	0731	073125	11	1	G0442	XU	30.00	28.23	0.00	0.00	CO-144	2.11
											CO-45	1.77
1013940584	0731	073125	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-234	29.45
						REM: N20						
1013940584	0731	073125	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1013940584	0731	073125	11	1	2028F		0.00	0.00	0.00	0.00		0.00
1013940584	0731	073125	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0731	073125	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0731	073125	11	1	G8476		0.00	0.00	0.00	0.00		0.00
1013940584	0731	073125	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0731	073125	11	1	G8427		0.00	0.00	0.00	0.00		0.00
1013940584	0731	073125	11	1	3060F		0.00	0.00	0.00	0.00		0.00
1013940584	0731	073125	11	1	3044F		0.00	0.00	0.00	0.00		0.00
1013940584	0731	073125	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP		30.36			CLAIM TOTALS		514.70	248.63	30.36	0.00		280.71
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as					Primary							203.63

NAME LALONE, MARK A			HIC BEC891075098		ACNT	7770LMD642	ICN 26252196904400710		ASG	Y	MOA	
1306898036	0801	080125	11	1	99396	25	327.00	0.00	0.00	0.00	CO-9	327.00
1306898036	0801	080125	11	1	G0136	33	65.00	30.36	0.00	6.07	CO-144	2.27
											CO-45	34.64
1306898036	0801	080125	11	1	36415		20.00	6.75	0.00	0.00	CO-144	0.51
											CO-45	13.25
1306898036	0801	080125	11	2	96127	XU	80.00	7.46	0.00	0.00	CO-144	0.55
											CO-45	72.54
1306898036	0801	080125	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0801	080125	11	1	0513F		0.00	0.00	0.00	0.00		0.00
1306898036	0801	080125	11	1	G8427		0.00	0.00	0.00	0.00		0.00
1306898036	0801	080125	11	1	3077F		0.00	0.00	0.00	0.00		0.00
1306898036	0801	080125	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1306898036	0801	080125	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP		6.07			CLAIM TOTALS		492.00	44.57	0.00	6.07		450.76
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as					Primary							35.17

NAME PERAINO, TIMOTHY N			HIC XYQ912379256		ACNT	7823LMD642	ICN 27252180216100710		ASG	Y	MOA	
1013940584	0708	070825	11	1	36415		20.00	6.75	0.00	0.00	CO-144	0.51
											CO-45	13.25
PT RESP		0.00			CLAIM TOTALS		20.00	6.75	0.00	0.00		13.76
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as					Primary							6.24



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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME SCHWARTZKOPF, TODD E HIC OQQ910416552 ACNT 7798LMD642 ICN 27252180218600710 ASG Y MOA														
1306898036	0804	080425	11	1	99396	25		327.00	167.10	0.00	0.00	CO-144	12.53	154.57
1306898036	0804	080425	11	1	G0444	XU		91.00	0.00	0.00	0.00	CO-45	159.90	
							REM: N20					CO-234	91.00	0.00
1306898036	0804	080425	11	1	G0442	XU		43.00	28.23	0.00	0.00	CO-144	2.11	26.12
1306898036	0804	080425	11	1	G2211			25.00	0.00	0.00	0.00	CO-45	14.77	
1306898036	0804	080425	11	1	36415			20.00	6.75	0.00	0.00	CO-97	25.00	0.00
												CO-144	0.51	6.24
												CO-45	13.25	
1306898036	0804	080425	11	1	90677			350.00	350.00	0.00	0.00			350.00
1306898036	0804	080425	11	1	90471			41.00	33.29	0.00	0.00	CO-144	2.49	30.80
												CO-45	7.71	
1306898036	0804	080425	11	1	G8476			0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	G8427			0.00	0.00	0.00	0.00			0.00
1306898036	0804	080425	11	1	1036F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		897.00	585.37	0.00	0.00		329.27	567.73
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	567.73
STATUS CODE 1: Processed as Primary														
NAME DOMEIER, LISA L HIC EZVAN2496918 ACNT 7138LMD642 ICN 27251774479200710 ASG Y MOA														
1013940584	0617	061725	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
PT RESP	0.00					CLAIM TOTALS		20.00	5.00	0.00	0.00		15.38	4.62
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	4.62
STATUS CODE 1: Processed as Primary														
NAME FRANSSSEN, PAMELA K HIC TEA806221736 ACNT 7686LMD642 ICN 27252120507700710 ASG Y MOA														
1013940584	0620	062025	11	1	99213	25		146.00	98.69	0.00	0.00	CO-144	3.70	35.65
							REM: N172					CO-203	49.34	
												CO-45	47.31	
												PR-3	10.00	
1013940584	0620	062025	11	1	G0446	XU		65.00	40.48	0.00	0.00	CO-144	3.04	37.44
												CO-45	24.52	
1013940584	0620	062025	11	1	G0447	XU		65.00	0.00	0.00	0.00	PR-204	65.00	0.00
1013940584	0620	062025	11	1	99401	25		0.00	0.00	0.00	0.00			0.00
1013940584	0620	062025	11	1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0620	062025	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0620	062025	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0620	062025	11	1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0620	062025	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0620	062025	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0620	062025	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0620	062025	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0620	062025	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0620	062025	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	75.00					CLAIM TOTALS		276.00	139.17	0.00	0.00		202.91	73.09
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	73.09
STATUS CODE 1: Processed as Primary														
NAME MCKEE, AUSTIN S HIC GMD405W22112 ACNT 7679LMD642 ICN 27252132315800710 ASG Y MOA														
1013940584	0620	062025	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
PT RESP	0.00					CLAIM TOTALS		20.00	5.00	0.00	0.00		15.38	4.62
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	4.62
STATUS CODE 1: Processed as Primary														



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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME NYENHUIS, CORY M				HIC	FNL133812105001	ACNT	7545LMD642	ICN	26252048281400710	ASG	Y	MOA		
1013940584	0721	072125	11	1	99395	25		297.00	157.26	0.00	0.00	CO-144	11.79	145.47
												CO-45	139.74	
1013940584	0721	072125	11	1	36415			20.00	6.75	0.00	0.00	CO-144	0.51	6.24
												CO-45	13.25	
1013940584	0721	072125	11	1	G0136	33		65.00	30.36	30.36	0.00	CO-45	34.64	0.00
1013940584	0721	072125	11	1	G0442	XU		30.00	0.00	0.00	0.00	CO-11	30.00	0.00
						REM: N657								
1013940584	0721	072125	11	1	G0444	XU		29.45	0.00	0.00	0.00	CO-234	29.45	0.00
						REM: N20								
1013940584	0721	072125	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0721	072125	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0721	072125	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0721	072125	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0721	072125	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0721	072125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0721	072125	11	1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0721	072125	11	1	2028F			0.00	0.00	0.00	0.00			0.00
PT RESP	30.36					CLAIM TOTALS		441.45	194.37	30.36	0.00		259.38	151.71
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	151.71
STATUS CODE 1: Processed as Primary														

NAME BEMKE, KENNETH G				HIC	893697285	ACNT	7593LMD642	ICN	28252200004100710	ASG	Y	MOA		
1013940584	0722	072225	11	1	G0439			361.00	0.00	0.00	0.00	OA-23	361.00	0.00
						REM: N19								
1013940584	0722	072225	11	1	99497	33		155.32	0.00	0.00	0.00	OA-23	155.32	0.00
						REM: N19								
1013940584	0722	072225	11	1	99214	25		219.00	24.17	0.00	0.00	OA-23	194.83	24.17
1013940584	0722	072225	11	1	83036	QW		60.90	0.00	0.00	0.00	OA-23	60.90	0.00
						REM: N19								
1013940584	0722	072225	11	1	G0136	33		65.00	0.00	0.00	0.00	OA-23	65.00	0.00
						REM: N19								
1013940584	0722	072225	11	1	G0442	XU		30.00	0.00	0.00	0.00	OA-23	30.00	0.00
						REM: N19								
1013940584	0722	072225	11	1	G0444	XU		29.45	0.00	0.00	0.00	OA-23	29.45	0.00
						REM: N19								
PT RESP	0.00					CLAIM TOTALS		920.67	24.17	0.00	0.00		896.50	24.17
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	24.17
STATUS CODE 2: Processed as Secondary														

NAME SELDERS, JOHN F				HIC	892940760	ACNT	7514LMD642	ICN	28252200004400710	ASG	Y	MOA		
1306898036	0718	071825	11	1	99214	25		219.00	24.17	0.00	0.00	OA-23	194.83	4.17
												PR-3	20.00	
1306898036	0718	071825	11	1	83036	QW		60.90	0.00	0.00	0.00	OA-23	60.90	0.00
						REM: N19								
PT RESP	20.00					CLAIM TOTALS		279.90	24.17	0.00	0.00		275.73	4.17
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	4.17
STATUS CODE 2: Processed as Secondary														

NAME MORRIS, RACHELLE DANA HIC LPF537W18157 ACNT 7658LMD642								ICN 27252120508000710		ASG Y	MOA	
INSURED NAME: MORRIS, RACHELLE D												
1306898036	0725	072525	11	1	99215	295.00	194.01	194.01	0.00	CO-45	100.99	0.00
1306898036	0725	072525	11	1	G8420	0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	11	1	3074F	0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	11	1	3078F	0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	11	1	3008F	0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	11	1	2001F	0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	11	1	2000F	0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	11	1	1000F	0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	11	1	1159F	0.00	0.00	0.00	0.00			0.00
1306898036	0725	072525	11	1	1160F	0.00	0.00	0.00	0.00			0.00
PT RESP	194.01	CLAIM TOTALS				295.00	194.01	194.01	0.00		100.99	0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary												



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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME RYBICKI, PATRICIA M				HIC	U3S832058905	ACNT	7710LMD642	ICN 27252120508100710				ASG Y	MOA	
1013940584	0729	072925	11	1	99214	25		219.00	143.12	143.12	0.00	CO-45	75.88	0.00
1013940584	0729	072925	11	1	G2211			25.00	0.00	0.00	0.00	CO-97	25.00	0.00
1013940584	0729	072925	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0729	072925	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0729	072925	11	1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0729	072925	11	1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0729	072925	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0729	072925	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0729	072925	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0729	072925	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0729	072925	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0729	072925	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		143.12		CLAIM TOTALS				244.00	143.12	143.12	0.00		100.88	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	12	4420.72	1614.33	397.85	6.07	2941.65	1075.15	0.00	1075.15

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

CO-11 The diagnosis is inconsistent with the procedure.

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.

CO-9 The diagnosis 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

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

N19 Procedure code incidental to primary procedure.

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

N657 This should be billed with the appropriate code for these services.

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

PR-1 Deductible Amount

PR-2 Coinsurance Amount

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

PR-3 Co-payment Amount

