

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 2  
DATE: 2025-05-23  
EFT #: 790125999  
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BLACK, GEORGE E				HIC X3L911027138		ACNT	5226LMD642	ICN 26251369115700710		ASG Y	MOA			
1306898036	0312	031225	11	1	99214	25		219.00	120.84	0.00	0.00	CO-253	2.42	118.42
												CO-45	98.16	
1306898036	0312	031225	11	1	G2211			25.00	0.00	0.00	0.00	OA-18	25.00	0.00
1306898036	0312	031225	11	1	G3002			156.72	78.36	0.00	0.00	CO-253	1.57	76.79
												CO-45	78.36	
1306898036	0312	031225	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		400.72	199.20	0.00	0.00		205.51	195.21
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	195.21
STATUS CODE 1: Processed as Primary														

NAME DEVRIES, DONNA M				HIC X3LM69809777		ACNT	6357LMD642	ICN 26251356849000710		ASG Y	MOA			
1013940584	0513	051325	11	1	99214	25		219.00	120.84	0.00	0.00	CO-253	2.42	118.42
												CO-45	98.16	
1013940584	0513	051325	11	1	99401	25		65.00	0.00	0.00	0.00	CO-16	65.00	0.00
1013940584	0513	051325	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-253	0.62	30.32
												CO-45	34.06	
1013940584	0513	051325	11	1	G0446	XU		65.00	30.94	0.00	0.00	CO-253	0.62	30.32
												CO-45	34.06	
1013940584	0513	051325	11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
												CO-45	9.74	
1013940584	0513	051325	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051325	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		439.00	197.98	0.00	0.00		244.99	194.01
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	194.01
STATUS CODE 1: Processed as Primary														

NAME KITLER, DAVID W				HIC X3L910052465		ACNT	6277LMD642	ICN 26251328840800710		ASG Y	MOA			
1013940584	0425	042525	11	1	99214	25		219.00	120.84	0.00	0.00	CO-253	2.42	118.42
												CO-45	98.16	
1013940584	0425	042525	11	1	G0446	XU		65.00	30.94	0.00	0.00	CO-253	0.62	30.32
												CO-45	34.06	
1013940584	0425	042525	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-253	0.62	30.32
												CO-45	34.06	
1013940584	0425	042525	11	1	99401	25		65.00	0.00	0.00	0.00	CO-16	65.00	0.00
1013940584	0425	042525	11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
												CO-45	9.74	
1013940584	0425	042525	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0425	042525	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0425	042525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0425	042525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0425	042525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0425	042525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0425	042525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0425	042525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		439.00	197.98	0.00	0.00		244.99	194.01
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	194.01
STATUS CODE 1: Processed as Primary														



BCBSM			REMITTANCE
NPI #:	1982923660	TIMOTHY J TOBOLIC MD PLLC	ADVICE
EFT #:	790125999	PAGE #: 2 of 2	DATE: 2025-05-23

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME KITLER, DAVID W					HIC	X3L910052465	ACNT	6305LMD642					ICN	27251348747000710
1013940584	0509	050925	11	1	99214	25		219.00	120.84	0.00	0.00	CO-253	2.42	118.42
1013940584	0509	050925	11	1	G0446	XU		65.00	0.00	0.00	0.00	CO-45	98.16	
							REM: N115					CO-96	65.00	0.00
1013940584	0509	050925	11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
1013940584	0509	050925	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	9.74	
1013940584	0509	050925	11	1	99401	25		65.00	0.00	0.00	0.00	CO-253	0.62	30.32
							REM: M53					CO-45	34.06	
1013940584	0509	050925	11	1	3074F			0.00	0.00	0.00	0.00	CO-16	65.00	0.00
1013940584	0509	050925	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0509	050925	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0509	050925	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0509	050925	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0509	050925	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0509	050925	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0509	050925	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		439.00	167.04	0.00	0.00		275.31	163.69
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	163.69
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	AMT	ADJ AMT	AMT
	4	1717.72	762.20	0.00	0.00	970.80	746.92	0.00		746.92

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-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).

M53 Missing / incomplete / invalid days or units of service.

N115 This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD).An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd>, or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.

OA-18 Duplicate claim / service.

