

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: 2025-05-28
EFT #: 509851025
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME ELLIOTT, THOMAS M				HIC	PJI893324713	ACNT	6335LMD642	ICN 27251361188400710				ASG Y	MOA	
1013940584	0512	051225	11	1	99396	25		327.00	165.75	0.00	0.00	CO-144	12.44	153.31
												CO-45	161.25	
1013940584	0512	051225	11	1	82043	QW		14.70	0.00	0.00	0.00	PR-167	14.70	0.00
1013940584	0512	051225	11	1	82570	QW		17.85	3.89	0.00	0.00	CO-45	13.96	3.89
1013940584	0512	051225	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
1013940584	0512	051225	11	1	G0442	XU		30.00	30.00	0.00	0.00	CO-144	2.25	27.75
1013940584	0512	051225	11	1	G0444	XU		29.45	0.00	0.00	0.00	CO-234	29.45	0.00
							REM: N20							
1013940584	0512	051225	11	1	G0136	33		65.00	30.36	30.36	0.00	CO-45	34.64	0.00
1013940584	0512	051225	11	1	G0446	XU		65.00	40.48	0.00	0.00	CO-144	3.04	37.44
												CO-45	24.52	
1013940584	0512	051225	11	1	G0447	XU		65.00	40.48	0.00	0.00	CO-144	3.04	37.44
												CO-45	24.52	
1013940584	0512	051225	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP	45.06					CLAIM TOTALS		634.00	315.96	30.36	0.00		339.19	264.45
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	264.45
STATUS CODE 1: Processed as Primary														
NAME BAGLEY, RYAN D				HIC	BMB809819673	ACNT	6026LMD642	ICN 27251155552200710				ASG Y	MOA	
1013940584	0415	041525	11	1	99213	25		-146.00	0.00	0.00	0.00	CO-16	-146.00	0.00
							REM: MA63							
1013940584	0415	041525	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0415	041525	11	1	96127	XU		-40.00	0.00	0.00	0.00	CO-144	-0.56	-6.90
												CO-45	-32.54	
1013940584	0415	041525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0415	041525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0415	041525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0415	041525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0415	041525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0415	041525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		-186.00	0.00	0.00	0.00		-179.10	-6.90
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	-6.90
STATUS CODE 22: Reversal of Previous Payment														
NAME BAGLEY, RYAN D				HIC	BMB809819673	ACNT	6026LMD642	ICN 27251155552202710				ASG Y	MOA	
1013940584	0415	041525	11	1	99213	25		146.00	98.69	0.00	0.00	CO-144	7.40	66.29
												CO-45	47.31	
												PR-3	25.00	
1013940584	0415	041525	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0415	041525	11	1	96127	XU		40.00	7.46	0.00	0.00	CO-144	0.56	6.90
												CO-45	32.54	
1013940584	0415	041525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0415	041525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0415	041525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0415	041525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0415	041525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0415	041525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	25.00					CLAIM TOTALS		186.00	106.15	0.00	0.00		112.81	73.19
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING	CHARGE	0.00	NET	73.19
STATUS CODE 1: Processed as Primary														



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EFT #:	509851025	PAGE #: 2 of 3	DATE: 2025-05-28

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BELKA, WAYNE E					HIC	V8C588165940	ACNT	6175LMD642		ICN	27251275678700710	ASG Y	MOA	
1013940584	0317	031725	11	1	99214	25		219.00	143.12	0.00	0.00	CO-144	5.36	46.20
												CO-203	71.56	
												CO-45	75.88	
												PR-3	20.00	
1013940584	0317	031725	11	1	G0447	XU		0.00	0.00	0.00	0.00			0.00
1013940584	0317	031725	11	1	99401	25		0.00	0.00	0.00	0.00			0.00
1013940584	0317	031725	11	1	3074F			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	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	20.00				CLAIM TOTALS			219.00	143.12	0.00	0.00		172.80	46.20
ADJ TO TOTAL: PREV PD						INTEREST		0.00	LATE FILING CHARGE			0.00	NET	46.20
STATUS CODE 1: Processed as Primary														

NAME GARDNER, TODD				HIC VTTEB0060837 ACNT 6213LMD642				ICN 26251299334300710 ASG Y MOA						
1306898036	0506	050625	11	1	99214	25		219.00	143.12	0.00	0.00	CO-144	5.36	41.20
REM: N172														
1306898036	0506	050625	11	1	G0447	XU		65.00	40.48	0.00	0.00	CO-144	3.04	37.44

NAME GRYSSEN, JEFFREY S		HIC NNK103353922		ACNT	6340LMD642		ICN 26251357730000710		ASG	Y	MOA	
1306898036	0513	051325	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 VANDENBERG, DAVID J				HIC DVFAN3306216		ACNT	6336LMD642		ICN 26251357730600710		ASG	Y	MOA	
1013940584	0512	051225	11	1	99214	25		219.00	0.00	0.00	0.00	PR-204	219.00	0.00
1013940584	0512	051225	11	1	G0447	XU		65.00	40.48	0.00	0.00	CO-45	24.52	0.00
												PR-119	40.48	
1013940584	0512	051225	11	1	99401	25		65.00	61.25	0.00	0.00	CO-45	3.75	1.00
												PR-204	60.25	
1013940584	0512	051225	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0512	051225	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	319.73				CLAIM TOTALS			349.00	101.73	0.00	0.00		348.00	1.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00	LATE FILING		CHARGE	0.00	NET	1.00
STATUS CODE 1: Processed as Primary														

NAME LOWERY, DONALD W				HIC SWU052W06785 ACNT 6407LMD642				ICN 27251391374900710 ASG Y				MOA					
INSURED NAME: LOWERY, CHRISTEN W																	
1306898036 1021 102124 11				1 90656		35.00		0.00		0.00		CO-29		35.00		0.00	
1306898036 1021 102124 11				1 90471		41.00		0.00		0.00		CO-29		41.00		0.00	
PT RESP 0.00				CLAIM TOTALS				76.00		0.00		0.00		76.00		0.00	
ADJ TO TOTAL: PREV PD						INTEREST 0.00		LATE FILING CHARGE				0.00		NET		0.00	
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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME FORDENBACHER, STEPHEN			HIC	MDNAN8335953	ACNT	6406LMD642	ICN 27251391377300710			ASG	Y	MOA	
1306898036	0515	051525	11	1	83036	QW	60.90	14.71	14.71	0.00	CO-45	46.19	0.00
1306898036	0515	051525	11	1	3044F		0.00	0.00	0.00	0.00			0.00
PT RESP	14.71				CLAIM TOTALS		60.90	14.71	14.71	0.00		46.19	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 SCHIERBEEK, MARVIN S			HIC	MSR916515303	ACNT	6420LMD642	ICN 26251392135300710			ASG	Y	MOA	
INSURED NAME: SCHIERBEEK, LUANNE S													
1013940584	0515	051525	11	1	99214	25	219.00	0.00	0.00	0.00	PR-204	219.00	0.00
1013940584	0515	051525	11	1	83036	QW	60.90	0.00	0.00	0.00	PR-204	60.90	0.00
1013940584	0515	051525	11	1	G0446	XU	65.00	0.00	0.00	0.00	PR-204	65.00	0.00
1013940584	0515	051525	11	1	G0447	XU	65.00	0.00	0.00	0.00	PR-204	65.00	0.00
1013940584	0515	051525	11	1	99401	25	65.00	0.00	0.00	0.00	PR-204	65.00	0.00
1013940584	0515	051525	11	1	3075F		0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	1036F		0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	2022F		0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	3051F		0.00	0.00	0.00	0.00			0.00
PT RESP	474.90				CLAIM TOTALS		474.90	0.00	0.00	0.00		474.90	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00	LATE FILING CHARGE				0.00	NET 0.00
STATUS CODE 1: Processed as Primary													

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Overpayment Recovery (WO)		5129906440		81.29

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	10	2117.80	870.27	45.07	0.00	1611.53	379.91	81.29	379.91

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

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

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

CO-203 Discontinued or reduced service.

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

CO-29 The time limit for filing has expired.

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

MA63 Missing / incomplete / invalid principal diagnosis.

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

PR-167 This (these) diagnosis(es) is (are) not covered.

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

PR-3 Co-payment Amount

