

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 1
 DATE: 2025-05-09
 EFT #: 790112222
 TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SMITH, KENNETH L			HIC X3LM65355799	ACNT	5776LMD642			ICN 27251041511700710	ASG Y MOA	
1013940584	0410 041025	11	1 G0439		361.00	121.85	0.00	0.00	CO-253 2.44	119.41
1013940584	0410 041025	11	1 99397	25	341.00	155.01	0.00	0.00	CO-45 239.15	
1013940584	0410 041025	11	1 G2211		25.00	0.00	0.00	0.00	CO-253 3.10	151.91
1013940584	0410 041025	11	1 G0136	33	34.80	17.40	0.00	0.00	CO-45 185.99	
1013940584	0410 041025	11	1 82043	QW	14.70	5.78	0.00	0.00	CO-16 25.00	0.00
1013940584	0410 041025	11	1 82570	QW	17.85	5.18	0.00	0.00	CO-253 0.35	17.05
1013940584	0410 041025	11	1 G0442	XU	30.00	16.22	0.00	0.00	CO-45 17.40	
1013940584	0410 041025	11	1 G0444	XU	29.45	16.22	0.00	0.00	CO-253 0.06	2.83
1013940584	0410 041025	11	1 36415		20.00	9.09	0.00	0.00	CO-45 8.92	
1013940584	0410 041025	11	1 3074F		0.00	0.00	0.00	0.00	PR-3 2.89	
1013940584	0410 041025	11	1 3078F		0.00	0.00	0.00	0.00	CO-253 0.05	2.54
1013940584	0410 041025	11	1 G9622		0.00	0.00	0.00	0.00	CO-45 12.67	
1013940584	0410 041025	11	1 1158F		0.00	0.00	0.00	0.00	PR-3 2.59	
1013940584	0410 041025	11	1 3061F		0.00	0.00	0.00	0.00	CO-253 0.32	15.90
1013940584	0410 041025	11	1 G8510		0.00	0.00	0.00	0.00	CO-45 13.78	
PT RESP	10.03		CLAIM TOTALS		873.80	346.75	0.00	0.00	CO-253 0.32	15.90
ADJ TO TOTAL: PREV PD			INTEREST		0.00				CO-45 10.91	4.45
STATUS CODE 1: Processed as Primary									PR-3 4.55	

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	873.80	346.75	0.00	0.00	543.81	329.99	0.00	329.99

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.
 M20 Missing / incomplete / invalid HCPCS.
 PR-3 Co-payment Amount

