

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: 2025-03-26
EFT #: 509717496
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME NICKELS, GORDON R			HIC		MSR893677663	ACNT	5255LMD642	ICN		27250767533700710	ASG Y	MOA
INSURED NAME: NICKELS, LOIS R												
1013940584	0314	031425	11	1	99214	25	219.00	143.12	143.12	0.00	CO-45	0.00
1013940584	0314	031425	11	1	82043	QW	14.70	0.00	0.00	0.00	PR-167	0.00
1013940584	0314	031425	11	1	82570	QW	17.85	0.00	0.00	0.00	PR-167	0.00
1013940584	0314	031425	11	1	97803		59.34	0.00	0.00	0.00	PR-204	0.00
1013940584	0314	031425	11	1	36415		20.00	5.00	0.00	0.00	CO-144	4.62
											CO-45	15.00
1013940584	0314	031425	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	11	1	3060F		0.00	0.00	0.00	0.00		0.00
PT RESP	235.01			CLAIM TOTALS			330.89	148.12	143.12	0.00		4.62
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE				0.00	NET
STATUS CODE 1: Processed as Primary												

NAME NICKELS, GORDON R			HIC		MSR893677663	ACNT	5253LMD642	ICN		27250767541800710	ASG Y	MOA
INSURED NAME: NICKELS, LOIS R												
1013940584	1106	110624	11	1	90715		87.00	46.69	0.00	0.00	CO-45	46.69
1013940584	1106	110624	11	1	90471		41.00	33.29	0.00	0.00	CO-144	30.79
											CO-45	7.71
1013940584	1106	110624	11	1	90656		35.00	21.12	0.00	0.00	CO-45	21.12
1013940584	1106	110624	11	1	90472		20.00	20.00	0.00	0.00	CO-144	18.50
PT RESP	0.00			CLAIM TOTALS			183.00	121.10	0.00	0.00		117.10
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE				0.00	NET
STATUS CODE 1: Processed as Primary												

NAME PRANGLEY, ASHLEY A			HIC		XYQ910990484	ACNT	5366LMD642	ICN		26250791918900710	ASG Y	MOA
INSURED NAME: PRANGLEY, CARMINE A												
1306898036	0318	031825	11	1	99395	25	297.00	155.93	0.00	0.00	CO-144	144.23
											CO-45	141.07
1306898036	0318	031825	11	1	G0136	33	34.80	30.36	0.00	6.07	CO-144	22.01
											CO-45	4.44
1306898036	0318	031825	11	1	96127	XU	40.00	7.46	0.00	0.00	CO-144	6.90
											CO-45	32.54
1306898036	0318	031825	11	1	96160	XU	5.30	4.79	0.00	0.00	CO-144	4.43
											CO-45	0.51
1306898036	0318	031825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	11	1	3080F		0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	11	1	G9622		0.00	0.00	0.00	0.00		0.00
PT RESP	6.07			CLAIM TOTALS			377.10	198.54	0.00	6.07		177.57
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE				0.00	NET
STATUS CODE 1: Processed as Primary												

NAME BAGLEY, RYAN D			HIC		BMB809819673	ACNT	5193LMD642	ICN		26250711163600710	ASG Y	MOA
INSURED NAME: BAGLEY, RYAN D												
1013940584	0311	031125	11	1	99213	25	146.00	98.69	0.00	0.00	CO-144	20.65
											CO-203	49.34
											CO-45	47.31
											PR-3	25.00
1013940584	0311	031125	11	1	99407		44.00	31.86	0.00	0.00	CO-144	29.47
											CO-45	12.14
1013940584	0311	031125	11	1	3077F		0.00	0.00	0.00	0.00		0.00
1013940584	0311	031125	11	1	3080F		0.00	0.00	0.00	0.00		0.00
1013940584	0311	031125	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0311	031125	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0311	031125	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0311	031125	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0311	031125	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0311	031125	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	25.00			CLAIM TOTALS			190.00	130.55	0.00	0.00		50.12
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE				0.00	NET
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 DOMEIER, LISA L			HIC		EZVAN2496918	ACNT	5316LMD642		ICN	26250782184800710	ASG Y	MOA
1013940584	1212	121224	11	1	36415		15.00	5.00	0.00	0.00	CO-144	4.62
											0.38	
											10.00	
PT RESP							0.00				10.38	4.62
ADJ TO TOTAL: PREV PD											NET	4.62
STATUS CODE 1: Processed as Primary												

NAME LEE, AUBREE K			HIC		RER955M78329	ACNT	5342LMD642		ICN	26250782184600710	ASG Y	MOA
1013940584	1216	121624	11	1	99214 25		219.00	143.12	0.00	0.00	CO-144	132.38
											10.74	
											75.88	
1013940584	1216	121624	11	1	36415		15.00	5.00	0.00	0.00	CO-144	4.62
											0.38	
											10.00	
1013940584	1216	121624	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	1216	121624	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP							0.00				97.00	137.00
ADJ TO TOTAL: PREV PD											NET	137.00
STATUS CODE 1: Processed as Primary												

NAME ROTTMAN, BRIAN J			HIC		JZH124692056001	ACNT	5055LMD642		ICN	26250640208900710	ASG Y	MOA
1013940584	0225	022525	11	1	99214		219.00	143.12	0.00	0.00	CO-144	132.38
											10.74	
											75.88	
1013940584	0225	022525	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP							0.00				86.62	132.38
ADJ TO TOTAL: PREV PD											NET	132.38
STATUS CODE 1: Processed as Primary												

NAME VANTUINEN, CALEB J			HIC		KPV588341252	ACNT	5136LMD642		ICN	27250690822400710	ASG Y	MOA
1013940584	0306	030625	11	1	99214 25		146.00	143.12	0.00	0.00	CO-144	107.38
											10.74	
											2.88	
											25.00	
1013940584	0306	030625	11	1	69209		29.00	0.00	0.00	0.00	CO-4	0.00
1013940584	0306	030625	11	1	G0444 XU 33		29.45	29.45	0.00	0.00	CO-144	27.24
1013940584	0306	030625	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP							25.00				69.83	134.62
ADJ TO TOTAL: PREV PD											NET	134.62
STATUS CODE 1: Processed as Primary												

NAME LICATA, CARMELO			HIC		HHJM69511445	ACNT	5360LMD642		ICN	26250791837200710	ASG Y	MOA MA61
1306898036	0318	031825	11	1	83036 QW		60.90	0.00	0.00	0.00	PI-16	0.00
											60.90	
REM: MA61												
1306898036	0318	031825	11	1	3044F		0.00	0.00	0.00	0.00		0.00
PT RESP							0.00				60.90	0.00
ADJ TO TOTAL: PREV PD											NET	0.00
STATUS CODE 1: Processed as Primary												

NAME NSHIME, NOLAN			HIC		AMK913377495	ACNT	5131LMD642		ICN	27250690805300710	ASG Y	MOA
1013940584	0306	030625	11	1	99213		146.00	0.00	0.00	0.00	PR-31	0.00
1013940584	0306	030625	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0306	030625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP							146.00				146.00	0.00
ADJ TO TOTAL: PREV PD											NET	0.00
STATUS CODE 4: Denied												



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME MOORE, AARON HIC XYQM62977801 ACNT 5301LMD642 ICN 27250773658200710 ASG Y MOA														
INSURED NAME: MOORE, WYNDI														
1013940584	1127	112724	11	1	99213			146.00	0.00	0.00	0.00	PR-27	146.00	0.00
1013940584	1127	112724	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1127	112724	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1127	112724	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	1127	112724	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	1127	112724	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	1127	112724	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	1127	112724	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	1127	112724	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	146.00				CLAIM TOTALS			146.00	0.00	0.00	0.00		146.00	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, LUANNE HIC MSR916515303 ACNT 3682LMD642 ICN 26250781950100710 ASG Y MOA N152														
1013940584	1218	121824	11	1	99396 25			327.00	0.00	0.00	0.00	PI-16	327.00	0.00
REM: N152														
1013940584	1218	121824	11	1	36415			15.00	0.00	0.00	0.00	PI-16	15.00	0.00
REM: N152														
1013940584	1218	121824	11	1	96127 XU			40.00	0.00	0.00	0.00	PI-16	40.00	0.00
REM: N152														
1013940584	1218	121824	11	1	96127 XU			40.00	0.00	0.00	0.00	PI-16	40.00	0.00
REM: N152														
1013940584	1218	121824	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			422.00	0.00	0.00	0.00		422.00	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, LUANNE HIC MSR916515303 ACNT 3682LMD642 ICN 26250791928500710 ASG Y MOA N152														
1013940584	1218	121824	11	1	99396 25			327.00	0.00	0.00	0.00	PI-16	327.00	0.00
REM: N152														
1013940584	1218	121824	11	1	36415			15.00	0.00	0.00	0.00	PI-16	15.00	0.00
REM: N152														
1013940584	1218	121824	11	1	96127 XU			40.00	0.00	0.00	0.00	PI-16	40.00	0.00
REM: N152														
1013940584	1218	121824	11	1	96127 XU			40.00	0.00	0.00	0.00	PI-16	40.00	0.00
REM: N152														
1013940584	1218	121824	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			422.00	0.00	0.00	0.00		422.00	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 NICKELS, GORDON R HIC MSR893677663 ACNT 5254LMD642 ICN 27250767525300710 ASG Y MOA														
INSURED NAME: NICKELS, LOIS R														
1013940584	1217	121724	11	1	82043 QW			14.70	0.00	0.00	0.00	OA-18	14.70	0.00
1013940584	1217	121724	11	1	82570 QW			17.85	0.00	0.00	0.00	OA-18	17.85	0.00
1013940584	1217	121724	11	1	83036 QW			60.90	0.00	0.00	0.00	OA-18	60.90	0.00
1013940584	1217	121724	11	1	3061F			0.00	0.00	0.00	0.00			0.00
1013940584	1217	121724	11	1	3051F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			93.45	0.00	0.00	0.00		93.45	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 WYKOSKI, RICHARD HIC MSR894493548 ACNT 5294LMD642 ICN 27250773672500710 ASG Y MOA														
INSURED NAME: WYKOSKI, STACEY														
1013940584	0312	031225	11	1	99214			219.00	143.12	143.12	0.00	CO-45	75.88	0.00
1013940584	0312	031225	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0312	031225	11	1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP	143.12				CLAIM TOTALS			219.00	143.12	143.12	0.00		75.88	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 CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT					
	15	3262.79	1210.24	286.24	6.07	2212.45	758.03	0.00	758.03					

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-144 Incentive adjustment, e.g. preferred product / service.
CO-203 Discontinued or reduced service.



BCBSM			REMITTANCE
NPI #:	1982923660	TIMOTHY J TOBOLIC MD PLLC	ADVICE
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CO-4	The procedure code is inconsistent with the modifier used or a required modifier is missing.		
CO-45	Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.		
MA61	Missing / incomplete / invalid social security number or health insurance claim number.		
N152	Missing / incomplete / invalid replacement claim information.		
N172	The patient is not liable for the denied / adjusted charge(s) for receiving any updated service / item.		
OA-18	Duplicate claim / service.		
PI-16	Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.		
PR-1	Deductible Amount		
PR-167	This (these) diagnosis(es) is (are) not covered.		
PR-2	Coinsurance Amount		
PR-204	This service / equipment / drug is not covered under the patient's current benefit plan		
PR-27	Expenses incurred after coverage terminated.		
PR-3	Co-payment Amount		
PR-31	Claim denied as patient cannot be identified as our insured.		

