

Blue Cross Complete of Michigan []
PO Box 7355
London, KY 40742

REMITTANCE
ADVICE

TOBOLIC TIMOTHY MD
7740 BYRON CENTER AVENUE

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-08-12
EFT #: 1203247732
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD			
NAME WEBSTER, JOSAIH D			HIC 993241483		ACNT 6990LMD642		ICN 606339439800			ASG Y	MOA				
1306898036	0616	061625	11	1	99394	25	-289.00	0.00	0.00	0.00	CO-45	-208.61	0.00		
							REM: N521 N286 N381						CO-16	-80.39	
1306898036	0616	061625	11	1	G0136	33	-65.00	0.00	0.00	0.00	CO-45	-52.86	0.00		
							REM: N521 N286 N381						CO-16	-12.14	
1306898036	0616	061625	11	1	G8476		0.00	0.00	0.00	0.00			0.00		
1306898036	0616	061625	11	1	G8420		0.00	0.00	0.00	0.00			0.00		
1306898036	0616	061625	11	1	G8427		0.00	0.00	0.00	0.00			0.00		
PT RESP		0.00			CLAIM TOTALS		-354.00	0.00	0.00	0.00		-354.00	0.00		
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00		
PLAN TYPE: 00068336															
STATUS CODE 22: Reversal of Previous Payment															

NAME WEBSTER, JOSAIH D			HIC 993241483		ACNT 6990LMD642		ICN 606339439801			ASG Y	MOA			
1306898036	0616	061625	11	1	99394	25	289.00	0.00	0.00	0.00	CO-45	208.61	80.39	
							REM: N381							
1306898036	0616	061625	11	1	G0136	33	65.00	0.00	0.00	0.00	CO-45	52.86	12.14	
							REM: N381							
1306898036	0616	061625	11	1	G8476		0.00	0.00	0.00	0.00			0.00	
1306898036	0616	061625	11	1	G8420		0.00	0.00	0.00	0.00			0.00	
1306898036	0616	061625	11	1	G8427		0.00	0.00	0.00	0.00			0.00	
PT RESP		0.00			CLAIM TOTALS		354.00	0.00	0.00	0.00		261.47	92.53	
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	92.53	
PLAN TYPE: 00068336														
STATUS CODE 1: Processed as Primary														

NAME WEBSTER, GRACE C			HIC 993241507		ACNT 7051LMD642		ICN 606339439900			ASG Y	MOA				
1306898036	0618	061825	11	1	99212		-87.00	0.00	0.00	0.00	CO-45	-50.79	0.00		
							REM: N521 N286 N381						CO-16	-36.21	
1306898036	0618	061825	11	1	3074F		0.00	0.00	0.00	0.00			0.00		
1306898036	0618	061825	11	1	G8420		0.00	0.00	0.00	0.00			0.00		
1306898036	0618	061825	11	1	3078F		0.00	0.00	0.00	0.00			0.00		
PT RESP		0.00			CLAIM TOTALS		-87.00	0.00	0.00	0.00		-87.00	0.00		
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00		
PLAN TYPE: 00068336															
STATUS CODE 22: Reversal of Previous Payment															

NAME WEBSTER, GRACE C			HIC 993241507		ACNT 7051LMD642		ICN 606339439901			ASG Y	MOA			
1306898036	0618	061825	11	1	99212		87.00	0.00	0.00	0.00	CO-45	50.79	36.21	
							REM: N381							
1306898036	0618	061825	11	1	3074F		0.00	0.00	0.00	0.00			0.00	
1306898036	0618	061825	11	1	G8420		0.00	0.00	0.00	0.00			0.00	
1306898036	0618	061825	11	1	3078F		0.00	0.00	0.00	0.00			0.00	
PT RESP		0.00			CLAIM TOTALS		87.00	0.00	0.00	0.00		50.79	36.21	
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	36.21	
PLAN TYPE: 00068336														
STATUS CODE 1: Processed as Primary														

NAME WEBSTER, GRACE C			HIC 993241507		ACNT 6863LMD642		ICN 606313425600			ASG Y	MOA				
1306898036	0609	060925	11	1	99213		-146.00	0.00	0.00	0.00	CO-45	-87.42	0.00		
							REM: N521 N286 N381						CO-16	-58.58	
1306898036	0609	060925	11	1	G8476		0.00	0.00	0.00	0.00			0.00		
1306898036	0609	060925	11	1	G8420		0.00	0.00	0.00	0.00			0.00		
PT RESP		0.00			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		
PLAN TYPE: 00068336															
STATUS CODE 22: Reversal of Previous Payment															



REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WEBSTER, GRACE C					HIC 993241507	ACNT 6863LMD642				ICN 606313425601	ASG Y MOA	
1306898036	0609	060925	11	1	99213		146.00	0.00	0.00	0.00	CO-45	58.58
					REM: N381						87.42	
1306898036	0609	060925	11	1	G8476		0.00	0.00	0.00	0.00		0.00
1306898036	0609	060925	11	1	G8420		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		146.00	0.00	0.00	0.00	87.42	58.58
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 58.58
PLAN TYPE: 00068336												
STATUS CODE 1: Processed as Primary												

NAME WEBSTER, BRANDON J					HIC 993241200	ACNT 7218LMD642				ICN 606406958600	ASG Y MOA	
1306898036	0630	063025	11	1	99396 25		327.00	0.00	0.00	0.00	CO-6	0.00
1306898036	0630	063025	11	1	G2211		25.00	0.00	0.00	0.00	CO-16	0.00
					REM: N519							
1306898036	0630	063025	11	1	82043 QW		14.70	0.00	0.00	0.00	CO-45	0.00
					REM: N327 N381						CO-16	4.78
1306898036	0630	063025	11	1	82570 QW		17.85	0.00	0.00	0.00	CO-45	0.00
					REM: N327 N381						CO-16	4.29
1306898036	0630	063025	11	1	96127 XU		40.00	0.00	0.00	0.00	CO-45	0.00
					REM: N327 N381						CO-16	2.98
1306898036	0630	063025	11	1	96127 XU		40.00	0.00	0.00	0.00	CO-45	0.00
					REM: N521 N327 N381						CO-16	2.98
1306898036	0630	063025	11	1	G0447 XU		65.00	0.00	0.00	0.00	CO-8	0.00
					REM: N95							
1306898036	0630	063025	11	1	G0136 33		34.80	0.00	0.00	0.00	CO-45	0.00
					REM: N521 N327 N381						CO-16	12.14
1306898036	0630	063025	11	1	G8427		0.00	0.00	0.00	0.00		0.00
1306898036	0630	063025	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0630	063025	11	1	G8476		0.00	0.00	0.00	0.00		0.00
1306898036	0630	063025	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1306898036	0630	063025	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0630	063025	11	1	G8417		0.00	0.00	0.00	0.00		0.00
1306898036	0630	063025	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0630	063025	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1306898036	0630	063025	11	1	3061F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		564.35	0.00	0.00	0.00	564.35	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: 00068336												
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Claim transmission fee amount (AH)		1203247732		3.73

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	7	564.35	0.00	0.00	0.00	377.03	183.59	3.73	183.59

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-45	Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-6	The procedure / revenue code is inconsistent with the patient's age.
CO-8	The procedure code is inconsistent with the provider type / specialty (taxonomy).
N286	Missing / incomplete / invalid referring provider primary identifier.
N327	Missing / incomplete / invalid other insured birth date.
N381	Consult our contractual agreement for restrictions / billing / payment information related to these charges.
N519	Invalid combination of HCPCS modifiers.
N521	Mismatch between the submitted provider information and the provider information stored in our system.
N95	This provider type / provider specialty may not bill this service.

