

BCBSM []
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DETROIT, MI 482262998
(800)282-4548

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC

BYRON CENTER, MI 493156928

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-07-23
EFT #: 742929121
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VANDAM, CHERYL			HIC R51054808		ACNT 7208LMD642		ICN 26251970174400710			ASG Y	MOA	
INSURED NAME: VAN DAM JR, HENRY												
1306898036	0630	063025	11	1	99213	25	146.00	85.63	0.00	0.00	OA-23	85.63
1306898036	0630	063025	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	15.26
1306898036	0630	063025	11	1	G0447	XU	65.00	30.32	0.00	0.00	OA-23	0.00
1306898036	0630	063025	11	1	G0446	XU	65.00	0.00	0.00	0.00	OA-136	0.00
1306898036	0630	063025	11	1	83036	QW	60.90	9.52	0.00	0.00	OA-23	0.00
1306898036	0630	063025	11	1	0513F		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	G8427		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
PT RESP		0.00	CLAIM TOTALS				361.90	140.73	0.00	0.00	261.01	100.89
ADJ TO TOTAL: PREV PD					INTEREST		0.00	LATE FILING CHARGE			0.00	NET 100.89
STATUS CODE 2: Processed as Secondary												
TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK			
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT			
	1	361.90	140.73	0.00	0.00	261.01	100.89	0.00	100.89			

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
OA-136 Claim adjusted based on failure to follow prior payer's coverage rules. (Use Group Code OA).
OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

