

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 1
 DATE: 2025-04-01
 NONPAY #: 268316437
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BARKHUFF, JEFFERY E				HIC	992770270	ACNT	4679LMD642			ICN	605961370900	ASG Y MOA
1013940584	0110	011025	11	1	99215		-295.00	0.00	0.00	0.00	CO-45	-179.55
						REM: N286 N381					CO-16	-115.45
1013940584	0110	011025	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	1159F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM	TOTALS	-295.00	0.00	0.00	0.00		-295.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00		LATE FILING CHARGE		0.00	NET
PLAN TYPE: 00074304												0.00
STATUS CODE 22: Reversal of Previous Payment												

NAME BARKHUFF, JEFFERY E				HIC	992770270	ACNT	4679LMD642			ICN	605961370901	ASG Y MOA
1013940584	0110	011025	11	1	99215		295.00	0.00	0.00	0.00	CO-45	179.55
						REM: N521 N286 N381					CO-16	115.45
1013940584	0110	011025	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	1159F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM	TOTALS	295.00	0.00	0.00	0.00		295.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00		LATE FILING CHARGE		0.00	NET
PLAN TYPE: 00074304												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
	2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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.
 N286 Missing / incomplete / invalid referring provider primary identifier.
 N381 Consult our contractual agreement for restrictions / billing / payment information related to these charges.
 N521 Mismatch between the submitted provider information and the provider information stored in our system.

