

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 3
DATE: 2025-07-23
EFT #: 509971292
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BRUNSTING, STEPHANIE M HIC XYQ910469152 ACNT 7328LMD642							ICN 26251928712200710 ASG Y MOA					
INSURED NAME: BRUNSTING, RICK M												
1013940584	0708	070825	11	1	99214	25	219.00	143.12	0.00	0.00	CO-144	36.19
REM: N172												
1013940584	0708	070825	11	1	G0447	XU	65.00	52.19	0.00	0.00	CO-203	48.28
1013940584	0708	070825	11	1	99401	25	65.00	61.25	0.00	0.00	CO-45	56.66
1013940584	0708	070825	11	1	3075F		0.00	0.00	0.00	0.00	PR-3	0.00
1013940584	0708	070825	11	1	3079F		0.00	0.00	0.00	0.00	CO-144	0.00
1013940584	0708	070825	11	1	3008F		0.00	0.00	0.00	0.00	CO-45	0.00
1013940584	0708	070825	11	1	2001F		0.00	0.00	0.00	0.00	CO-144	0.00
1013940584	0708	070825	11	1	2000F		0.00	0.00	0.00	0.00	CO-45	0.00
1013940584	0708	070825	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0708	070825	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0708	070825	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP 30.00 CLAIM TOTALS							349.00	256.56	0.00	0.00	207.87	141.13
ADJ TO TOTAL: PREV PD INTEREST							0.00	LATE FILING	CHARGE	0.00	NET	141.13
STATUS CODE 1: Processed as Primary												

NAME STANLEY, MICHAEL R HIC XYQ918865025 ACNT 7223LMD642							ICN 26251989450800710 ASG Y MOA					
1306898036 0630 063025 11 1 99213 25							146.00	98.69	0.00	0.00	CO-144	56.29
1306898036	0630	063025	11	1	G0446	XU	65.00	40.48	0.00	0.00	CO-45	37.44
1306898036	0630	063025	11	1	0513F		0.00	0.00	0.00	0.00	PR-3	0.00
1306898036	0630	063025	11	1	G8417		0.00	0.00	0.00	0.00	CO-144	0.00
1306898036	0630	063025	11	1	1036F		0.00	0.00	0.00	0.00	CO-45	0.00
PT RESP 35.00 CLAIM TOTALS							211.00	139.17	0.00	0.00	117.27	93.73
ADJ TO TOTAL: PREV PD INTEREST							0.00	LATE FILING	CHARGE	0.00	NET	93.73
STATUS CODE 1: Processed as Primary												

NAME ALEJOS, NATALIA HIC SFZ820305127 ACNT 7228LMD642							ICN 26251917528100710 ASG Y MOA					
1013940584 0619 061925 11 1 99396 25							327.00	165.75	0.00	0.00	CO-144	153.31
1013940584	0619	061925	11	1	G0136	33	65.00	30.36	0.00	0.00	CO-45	28.08
1013940584	0619	061925	11	1	G0442	XU	40.00	30.36	0.00	0.00	CO-144	28.08
1013940584	0619	061925	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-45	0.00
REM: N20												
1013940584	0619	061925	11	1	36415		20.00	5.00	0.00	0.00	CO-234	4.62
1013940584	0619	061925	11	1	3074F		0.00	0.00	0.00	0.00	CO-144	0.00
1013940584	0619	061925	11	1	3078F		0.00	0.00	0.00	0.00	CO-45	0.00
1013940584	0619	061925	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0619	061925	11	1	G8510		0.00	0.00	0.00	0.00	CO-144	0.00
1013940584	0619	061925	11	1	G8476		0.00	0.00	0.00	0.00	CO-45	0.00
1013940584	0619	061925	11	1	G8420		0.00	0.00	0.00	0.00		0.00
PT RESP 0.00 CLAIM TOTALS							481.45	231.47	0.00	0.00	267.36	214.09
ADJ TO TOTAL: PREV PD INTEREST							0.00	LATE FILING	CHARGE	0.00	NET	214.09
STATUS CODE 1: Processed as Primary												

NAME GRACZYK, DONALD J HIC QUP535M98752 ACNT 7392LMD642							ICN 27251951168900710 ASG Y MOA					
1013940584 0703 070325 11 1 36415							20.00	6.75	0.00	0.00	CO-144	6.24
PT RESP 0.00 CLAIM TOTALS							20.00	6.75	0.00	0.00	CO-45	6.24
ADJ TO TOTAL: PREV PD INTEREST							0.00	LATE FILING	CHARGE	0.00	NET	6.24
STATUS CODE 1: Processed as Primary												



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME GRACZYK, DONALD J				HIC QUP535M98752		ACNT	7393LMD642	ICN 27251951169100710		ASG	Y	MOA		
1013940584	0710	071025	11	1	99396	25		327.00	167.10	0.00	0.00	CO-144	12.53	154.57
												CO-45	159.90	
1013940584	0710	071025	11	1	99401	25		65.00	61.25	0.00	0.00	CO-144	4.59	56.66
												CO-45	3.75	
1013940584	0710	071025	11	1	G0447	XU		65.00	52.19	0.00	0.00	CO-144	3.91	48.28
												CO-45	12.81	
1013940584	0710	071025	11	1	G0442	XU		30.00	28.23	0.00	0.00	CO-144	2.11	26.12
												CO-45	1.77	
1013940584	0710	071025	11	1	G0444	XU		29.45	0.00	0.00	0.00	CO-234	29.45	0.00
							REM: N20							
1013940584	0710	071025	11	1	G0136	33		34.80	30.36	30.36	0.00	CO-45	4.44	0.00
1013940584	0710	071025	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0710	071025	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0710	071025	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0710	071025	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	30.36				CLAIM	TOTALS		551.25	339.13	30.36	0.00		235.26	285.63
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	285.63
STATUS CODE 1: Processed as Primary														

NAME REECE, ALLEN				HIC AKH570W23483		ACNT	7353LMD642	ICN 26251927654800710		ASG	Y	MOA		
1306898036	0709	070925	11	1	99214			219.00	143.12	0.00	0.00	CO-144	10.73	102.39
												CO-45	75.88	
												PR-3	30.00	
1306898036	0709	070925	11	1	36415			20.00	6.75	0.00	0.00	CO-144	0.51	6.24
												CO-45	13.25	
1306898036	0709	070925	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0709	070925	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0709	070925	11	1	4004F			0.00	0.00	0.00	0.00			0.00
1306898036	0709	070925	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0709	070925	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0709	070925	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0709	070925	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0709	070925	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0709	070925	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	30.00				CLAIM	TOTALS		239.00	149.87	0.00	0.00		130.37	108.63
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	108.63
STATUS CODE 1: Processed as Primary														

NAME RUIZ, ELIA				HIC UAL821796007 ACNT 7297LMD642				ICN 26251917527800710 ASG Y				MOA	
INSURED NAME: RUIZ, BYRON													
1013940584 0707 070725 11				1 99213		146.00	98.69	0.00	0.00	CO-144	7.40		91.29
										CO-45	47.31		
1013940584 0707 070725 11				1 3075F		0.00	0.00	0.00	0.00				0.00
1013940584 0707 070725 11				1 3078F		0.00	0.00	0.00	0.00				0.00
1013940584 0707 070725 11				1 G8427		0.00	0.00	0.00	0.00				0.00
1013940584 0707 070725 11				1 3008F		0.00	0.00	0.00	0.00				0.00
1013940584 0707 070725 11				1 2001F		0.00	0.00	0.00	0.00				0.00
1013940584 0707 070725 11				1 2000F		0.00	0.00	0.00	0.00				0.00
1013940584 0707 070725 11				1 1000F		0.00	0.00	0.00	0.00				0.00
1013940584 0707 070725 11				1 1159F		0.00	0.00	0.00	0.00				0.00
1013940584 0707 070725 11				1 1160F		0.00	0.00	0.00	0.00				0.00
PT RESP		0.00		CLAIM TOTALS		146.00	98.69	0.00	0.00		54.71		91.29
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE			0.00	NET		91.29
STATUS CODE 1: Processed as Primary													

NAME SCHORNHORST, DOUGLAS A HIC XYY892750448 ACNT 7428LMD642										ICN 27251974574500710		ASG Y	MOA	
INSURED NAME: SCHORNHORST, CATHERINE A														
1306898036	0714	071425	11	1	99396	25		327.00	167.10	0.00	0.00	CO-144	12.53	154.57
												CO-45	159.90	
1306898036	0714	071425	11	1	G0136	33		65.00	30.36	0.00	0.00	CO-144	2.27	28.09
												CO-45	34.64	
1306898036	0714	071425	11	1	36415			20.00	6.75	0.00	0.00	CO-144	0.51	6.24
												CO-45	13.25	
1306898036	0714	071425	11	1	G0442	XU		30.00	28.23	0.00	0.00	CO-144	2.11	26.12
												CO-45	1.77	
1306898036	0714	071425	11	1	G0444	XU		29.45	0.00	0.00	0.00	CO-234	29.45	0.00
							REM: N20							
1306898036	0714	071425	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0714	071425	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0714	071425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0714	071425	11	1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		471.45	232.44	0.00	0.00		256.43	215.02
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	215.02
STATUS CODE 1: Processed as Primary														



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME DAMSTRA, DEBRA L				HIC	MSE893355119	ACNT	3539LMD642	ICN 26251814805300710				ASG Y	MOA	
1013940584	1212	121224	11	1	99397	25		341.00	0.00	0.00	0.00	PR-204	341.00	0.00
1013940584	1212	121224	11	1	96127	XU		40.00	0.00	0.00	0.00	PR-204	40.00	0.00
1013940584	1212	121224	11	1	96127	XU		40.00	0.00	0.00	0.00	PR-204	40.00	0.00
1013940584	1212	121224	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1212	121224	11	1	36415			15.00	0.00	0.00	0.00	PR-204	15.00	0.00
1013940584	1212	121224	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	1212	121224	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1212	121224	11	1	1158F			0.00	0.00	0.00	0.00			0.00
1013940584	1212	121224	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	1212	121224	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	436.00				CLAIM	TOTALS		436.00	0.00	0.00	0.00		436.00	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 LOWRY, WENDY M				HIC	YVA250037777	ACNT	7402LMD642	ICN 26251967769500710				ASG Y	MOA	
1013940584	0711	071125	11	1	99215			339.70	194.01	194.01	0.00	CO-45	145.69	0.00
1013940584	0711	071125	11	1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0711	071125	11	1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0711	071125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0711	071125	11	1	3074F			0.00	0.00	0.00	0.00			0.00
PT RESP	194.01				CLAIM	TOTALS		339.70	194.01	194.01	0.00		145.69	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 MUSHONGA, LEVIE				HIC	AQT60310185802	ACNT	6682LMD642	ICN 26251988734300710				ASG Y	MOA	N142
1013940584	0529	052925	11	1	99397	25		341.00	0.00	0.00	0.00	PI-16	341.00	0.00
					REM:	N142								
1013940584	0529	052925	11	1	G0136	33		65.00	0.00	0.00	0.00	PI-16	65.00	0.00
					REM:	N142								
1013940584	0529	052925	11	1	36415			20.00	0.00	0.00	0.00	PI-16	20.00	0.00
					REM:	N142								
1013940584	0529	052925	11	1	G0442	XU		40.00	0.00	0.00	0.00	PI-16	40.00	0.00
					REM:	N142								
1013940584	0529	052925	11	1	G0444	XU		29.45	0.00	0.00	0.00	PI-16	29.45	0.00
					REM:	N142								
1013940584	0529	052925	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0529	052925	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0529	052925	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0529	052925	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0529	052925	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0529	052925	11	1	0513F			0.00	0.00	0.00	0.00			0.00
1013940584	0529	052925	11	1	G8417			0.00	0.00	0.00	0.00			0.00
1013940584	0529	052925	11	1	G8427			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		495.45	0.00	0.00	0.00		495.45	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 WEAVER, JOHN P				HIC	MSR912511353 ACNT 7416LMD642				ICN 26251968643800710				ASG Y	MOA
INSURED NAME: WEAVER, VIRGINIA M														
1013940584	0103	010325	11	1	82570	QW	17.85	0.00	0.00	0.00	CO-29	17.85	0.00	
1013940584	0103	010325	11	1	82043	QW	14.70	0.00	0.00	0.00	CO-29	14.70	0.00	
1013940584	0103	010325	11	1	3061F		0.00	0.00	0.00	0.00			0.00	
PT RESP		0.00		CLAIM TOTALS			32.55	0.00	0.00	0.00		32.55	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	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	12	3772.85	1648.09	224.37	0.00	2392.72	1155.76	0.00	1155.76

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-144 Incentive adjustment, e.g. preferred product / service.

CO-203 Discontinued or reduced service.

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

CO-29 The time limit for filing has expired.

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

N142 The original claim was denied. Resubmit a new claim, not a replacement claim.

N172 The patient is not liable for the denied / adjusted charge(s) for receiving any updated service / item.

N20 Service not payable with other service rendered on the same date.

PI-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

PR-1 Deductible Amount

PR-204 This service / equipment / drug is not covered under the patient's current benefit plan

PR-3 Co-payment Amount

