

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: 2025-03-19
EFT #: 509702441
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ELLIS, DONALD M			HIC		MIG892558028	ACNT	5032LMD642	ICN		27250620279600710	ASG Y	MOA
INSURED NAME: ELLIS, SHEILA R												
1013940584	0227	022725	11	1	99214	25	219.00	143.12	0.00	0.00	CO-144	112.38
											CO-45	75.88
											PR-3	20.00
1013940584	0227	022725	11	1	36415		20.00	5.00	0.00	0.00	CO-144	4.62
											CO-45	15.00
1013940584	0227	022725	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0227	022725	11	1	3079F		0.00	0.00	0.00	0.00		0.00
PT RESP		20.00			CLAIM TOTALS		239.00	148.12	0.00	0.00		
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE				0.00	117.00
STATUS CODE 1: Processed as Primary												

NAME GROENEVELD, JENNIE M			HIC		XYQ894326244	ACNT	5118LMD642	ICN		26250660377200710	ASG Y	MOA
INSURED NAME: GROENEVELD, KENNETH I												
1013940584	0305	030525	11	1	99213		146.00	98.69	0.00	0.00	CO-144	61.29
											CO-45	47.31
											PR-3	30.00
1013940584	0305	030525	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0305	030525	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		30.00			CLAIM TOTALS		146.00	98.69	0.00	0.00		
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE				0.00	61.29
STATUS CODE 1: Processed as Primary												

NAME KENSINGTON, KENNETH W			HIC		XYQM61490148	ACNT	5145LMD642	ICN		26250697032400710	ASG Y	MOA
INSURED NAME: KENSINGTON, AMY L												
1013940584	0307	030725	11	1	83036	QW	60.90	14.71	0.00	0.00	CO-45	14.71
1013940584	0307	030725	11	1	3051F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM TOTALS		60.90	14.71	0.00	0.00		
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE				0.00	14.71
STATUS CODE 1: Processed as Primary												

NAME NOBLE, MARIA F			HIC		MIG924095952	ACNT	4934LMD642	ICN		28250553381200710	ASG Y	MOA
1013940584	0221	022125	11	1	99214	25	241.68	143.12	0.00	0.00	CO-144	46.20
						REM: N172					CO-203	71.56
											CO-45	98.56
											PR-3	20.00
1013940584	0221	022125	11	1	99401	33	60.00	60.00	0.00	0.00	CO-144	55.50
1013940584	0221	022125	11	1	36415		20.00	5.00	5.00	0.00	CO-45	0.00
1013940584	0221	022125	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0221	022125	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0221	022125	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP		25.00			CLAIM TOTALS		321.68	208.12	5.00	0.00		
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE				0.00	101.70
STATUS CODE 1: Processed as Primary												



BCBSM			REMITTANCE
NPI #:	1982923660	TIMOTHY J TOBOLIC MD PLLC	ADVICE
EFT #:	509702441	PAGE #: 2 of 4	DATE: 2025-03-19

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD							
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NAME NOBLE, RICHARD R			HIC MIG924095952		ACNT	4933LMD642	ICN 28250553381900710		ASG	Y	MOA								
INSURED NAME: NOBLE, MARIA F																			
1013940584	0221	022125	11	1	99214		219.00	143.12	0.00	0.00	CO-144 CO-45 PR-3	112.38 75.88 20.00							
1013940584	0221	022125	11	1	3075F		0.00	0.00	0.00	0.00		0.00							
1013940584	0221	022125	11	1	3078F		0.00	0.00	0.00	0.00		0.00							
PT RESP		20.00		CLAIM TOTALS			219.00	143.12	0.00	0.00	106.62	112.38							
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	112.38							
STATUS CODE 1: Processed as Primary																			
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NAME SCOTT, SAMANTHA			HIC XYQ917790381		ACNT	5155LMD642	ICN 26250700748400710		ASG	Y	MOA								
INSURED NAME: SCOTT, NICHOLAS																			
1306898036	0307	030725	11	1	99214		219.00	143.12	0.00	0.00	CO-144 CO-45 PR-3	102.38 75.88 30.00							
1306898036	0307	030725	11	1	3078F		0.00	0.00	0.00	0.00		0.00							
1306898036	0307	030725	11	1	3074F		0.00	0.00	0.00	0.00		0.00							
PT RESP		30.00		CLAIM TOTALS			219.00	143.12	0.00	0.00	116.62	102.38							
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	102.38							
STATUS CODE 1: Processed as Primary																			
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NAME FORDHAM, GARY N			HIC ASN913253225		ACNT	5140LMD642	ICN 27250690823200710		ASG	Y	MOA								
1013940584	0306	030625			11	1			99214 25		219.00	143.12	0.00	0.00	CO-144 CO-45 PR-3	87.38 75.88 45.00			
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							
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		45.00		CLAIM TOTALS			219.00	143.12	0.00	0.00	131.62	87.38							
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	87.38							
STATUS CODE 1: Processed as Primary																			
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NAME KACZANOWSKI, GARY R			HIC AKH412W19662		ACNT	5110LMD642	ICN 26250660119000710		ASG	Y	MOA								
1013940584	0305	030525			11	1			99396		327.00	165.75	0.00	0.00	CO-144 CO-45	153.31 161.25			
1013940584	0305	030525	11	1	36415		20.00	5.00	0.00	0.00	CO-144 CO-45	4.62 15.00							
1013940584	0305	030525	11	1	G0442 XU		30.00	30.00	0.00	0.00	CO-144	27.75							
1013940584	0305	030525	11	1	G0444 XU 33		29.45	0.00	0.00	0.00	CO-234	0.00							
REM: N20																			
1013940584	0305	030525	11	1	3074F		0.00	0.00	0.00	0.00		0.00							
1013940584	0305	030525	11	1	3078F		0.00	0.00	0.00	0.00		0.00							
1013940584	0305	030525	11	1	G8510		0.00	0.00	0.00	0.00		0.00							
1013940584	0305	030525	11	1	G9621		0.00	0.00	0.00	0.00		0.00							
1013940584	0305	030525	11	1	3074F		0.00	0.00	0.00	0.00		0.00							
1013940584	0305	030525	11	1	3079F		0.00	0.00	0.00	0.00		0.00							
PT RESP		0.00		CLAIM TOTALS			406.45	200.75	0.00	0.00	220.77	185.68							
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	185.68							
STATUS CODE 1: Processed as Primary																			
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NAME MAYHANAGIAN, KASEY A			HIC IWA538W15795		ACNT	5174LMD642	ICN 26250711161500710		ASG	Y	MOA								
1306898036	0310	031025			11	1			99395		297.00	155.93	0.00	0.00	CO-144 CO-45	144.23 141.07			
1306898036	0310	031025	11	1	G0442 XU		30.00	30.00	0.00	0.00	CO-144	27.75							
1306898036	0310	031025	11	1	G0444 XU 33		29.45	0.00	0.00	0.00	CO-234	0.00							
REM: N20																			
1306898036	0310	031025	11	1	3074F		0.00	0.00	0.00	0.00		0.00							
1306898036	0310	031025	11	1	3078F		0.00	0.00	0.00	0.00		0.00							
1306898036	0310	031025	11	1	G9622		0.00	0.00	0.00	0.00		0.00							
1306898036	0310	031025	11	1	G8510		0.00	0.00	0.00	0.00		0.00							
PT RESP		0.00		CLAIM TOTALS			356.45	185.93	0.00	0.00	184.47	171.98							
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE		0.00	NET	171.98							
STATUS CODE 1: Processed as Primary																			



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NPI #:	1982923660	TIMOTHY J TOBOLIC MD PLLC	ADVICE
EFT #:	509702441	PAGE #: 3 of 4	DATE: 2025-03-19

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME TOBOLIC, JAKE G						HIC XOF814750315	ACNT	5117LMD642		ICN 26250660119200710	ASG Y	MOA		
1013940584	0305	030525	11	1	99385	25		341.00	172.90	0.00	0.00	CO-144	12.96	159.94
												CO-45	168.10	
1013940584	0305	030525	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
1013940584	0305	030525	11	1	G0442	XU		30.00	30.00	0.00	0.00	CO-144	2.25	27.75
1013940584	0305	030525	11	1	G0444	XU 33		29.45	0.00	0.00	0.00	CO-234	29.45	0.00
REM: N20														
1013940584	0305	030525	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0305	030525	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0305	030525	11	1	G9621			0.00	0.00	0.00	0.00			0.00
1013940584	0305	030525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0305	030525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0305	030525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0305	030525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0305	030525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0305	030525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0305	030525	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			420.45	207.90	0.00	0.00		228.14	192.31
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING	CHARGE	0.00	NET	192.31
STATUS CODE 1: Processed as Primary														

NAME VANTUINEN, KAITLIN						HIC KPV588341252	ACNT	5071LMD642		ICN 26250640209800710	ASG Y	MOA		
1013940584	1223	122324	11	1	99214			219.00	143.12	0.00	0.00	CO-144	10.74	132.38
												CO-45	75.88	
1013940584	1223	122324	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	1223	122324	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	1223	122324	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	1223	122324	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	1223	122324	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	1223	122324	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			219.00	143.12	0.00	0.00		86.62	132.38
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING	CHARGE	0.00	NET	132.38
STATUS CODE 1: Processed as Primary														

NAME BEMKE, KENNETH G						HIC 893697285	ACNT	4937LMD642		ICN 26250723512000710	ASG Y	MOA		
1013940584	0219	021925	11	1	99215	25		295.00	33.97	0.00	0.00	OA-23	261.03	33.97
1013940584	0219	021925	11	1	G2211			25.00	0.00	0.00	0.00	OA-136	25.00	0.00
1013940584	0219	021925	11	1	2000F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			320.00	33.97	0.00	0.00		286.03	33.97
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING	CHARGE	0.00	NET	33.97
STATUS CODE 2: Processed as Secondary														

NAME KRZYWOS, DAVID R						HIC MSE890598021	ACNT	5135LMD642		ICN 26250696783000710	ASG Y	MOA		
INSURED NAME: KRZYWOS, JODI R														
1013940584	0306	030625	11	1	99214			219.00	0.00	0.00	0.00	PR-27	219.00	0.00
1013940584	0306	030625	11	1	3074F			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	219.00				CLAIM TOTALS			219.00	0.00	0.00	0.00		219.00	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 LARES, AMANDA						HIC UAG815041036	ACNT	5064LMD642		ICN 26250640209000710	ASG Y	MOA		
INSURED NAME: LARES, MATTHEW														
1306898036	0303	030325	11	1	99395			297.00	0.00	0.00	0.00	PR-27	297.00	0.00
1306898036	0303	030325	11	1	36415			20.00	0.00	0.00	0.00	PR-27	20.00	0.00
1306898036	0303	030325	11	1	G0442	XU		30.00	0.00	0.00	0.00	PR-27	30.00	0.00
1306898036	0303	030325	11	1	G0444	XU 33		29.45	0.00	0.00	0.00	PR-27	29.45	0.00
1306898036	0303	030325	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0303	030325	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0303	030325	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0303	030325	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	0303	030325	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	376.45				CLAIM TOTALS			376.45	0.00	0.00	0.00		376.45	0.00
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING	CHARGE	0.00	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 ZHAO, STACY J					HIC	GXF807273270	ACNT	1915LMD642	ICN 26250660116300710					ASG Y	MOA
1013940584	0214	021424	11	1	99396	25		327.00	0.00	0.00	0.00	PR-31	327.00	0.00	
1013940584	0214	021424	11	1	36415			15.00	0.00	0.00	0.00	PR-31	15.00	0.00	
1013940584	0214	021424	11	1	G0444	XU 33		29.45	0.00	0.00	0.00	PR-31	29.45	0.00	
1013940584	0214	021424	11	1	G0442	XU		30.00	0.00	0.00	0.00	PR-31	30.00	0.00	
1013940584	0214	021424	11	1	2000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0214	021424	11	1	1000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0214	021424	11	1	1159F			0.00	0.00	0.00	0.00			0.00	
1013940584	0214	021424	11	1	2001F			0.00	0.00	0.00	0.00			0.00	
1013940584	0214	021424	11	1	1160F			0.00	0.00	0.00	0.00			0.00	
1013940584	0214	021424	11	1	3008F			0.00	0.00	0.00	0.00			0.00	
PT RESP	401.45	CLAIM TOTALS						401.45	0.00	0.00	0.00		401.45	0.00	
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00	
STATUS CODE 4: Denied															

NAME WOLF, RONALD J				HIC	MGC833060301	ACNT	5120LMD642	ICN 26250660118800710				ASG	Y	MOA
1013940584	0305	030525	11	1	99213		146.00	98.69	98.69	0.00	CO-45		47.31	0.00
1013940584	0305	030525	11	1	3077F		0.00	0.00	0.00	0.00				0.00
1013940584	0305	030525	11	1	3080F		0.00	0.00	0.00	0.00				0.00
1013940584	0305	030525	11	1	3008F		0.00	0.00	0.00	0.00				0.00
1013940584	0305	030525	11	1	2001F		0.00	0.00	0.00	0.00				0.00
1013940584	0305	030525	11	1	2000F		0.00	0.00	0.00	0.00				0.00
1013940584	0305	030525	11	1	1000F		0.00	0.00	0.00	0.00				0.00
1013940584	0305	030525	11	1	1159F		0.00	0.00	0.00	0.00				0.00
1013940584	0305	030525	11	1	1160F		0.00	0.00	0.00	0.00				0.00
PT RESP		98.69		CLAIM TOTALS			146.00	98.69	98.69	0.00			47.31	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 27250710797100710				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															

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	17	4711.83	1769.36	103.69	0.00	3294.98	1313.16	0.00	1313.16

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

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.

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

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

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

PR-1 Deductible Amount

PR-27 Expenses incurred after coverage terminated.

PR-3 Co-payment Amount

PR-31 Claim denied as patient cannot be identified as our insured.

