

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: 2025-04-11
EFT #: 790091863
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME BLACK, GEORGE E				HIC	X3L911027138	ACNT	5572LMD642		ICN	26250926807800710	ASG Y	MOA	
1306898036	0331	033125	11	1	99211	25	45.00	21.23	0.00	0.00	CO-253	20.81	
											0.42		
											23.77		
1306898036	0331	033125	11	1	11622		405.00	232.97	0.00	0.00	CO-253	228.31	
											4.66		
											172.03		
1306898036	0331	033125	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	14.95	
											0.31		
											9.74		
1306898036	0331	033125	11	1	3074F		0.00	0.00	0.00	0.00		0.00	
1306898036	0331	033125	11	1	3078F		0.00	0.00	0.00	0.00		0.00	
1306898036	0331	033125	11	1	3008F		0.00	0.00	0.00	0.00		0.00	
1306898036	0331	033125	11	1	2001F		0.00	0.00	0.00	0.00		0.00	
1306898036	0331	033125	11	1	2000F		0.00	0.00	0.00	0.00		0.00	
1306898036	0331	033125	11	1	1000F		0.00	0.00	0.00	0.00		0.00	
1306898036	0331	033125	11	1	1159F		0.00	0.00	0.00	0.00		0.00	
1306898036	0331	033125	11	1	1160F		0.00	0.00	0.00	0.00		0.00	
PT RESP		0.00	CLAIM TOTALS				475.00	269.46	0.00	0.00	210.93	264.07	
ADJ TO TOTAL: PREV PD							0.00	LATE FILING CHARGE	0.00			NET	264.07
STATUS CODE 1: Processed as Primary													

NAME FRANSSENS, JAMES O				HIC X3LM68819009		ACNT	5551LMD642		ICN 26250926807900710		ASG Y	MOA		
1013940584	0328	032825	11	1	99214	25	219.00	120.84	0.00	0.00	CO-253	2.42	118.42	
													CO-45	98.16
1013940584	0328	032825	11	1	G0446	XU	61.88	30.94	0.00	0.00	CO-253	0.62	30.32	
													CO-45	30.94
1013940584	0328	032825	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	0.31	14.95	
													CO-45	9.74
1013940584	0328	032825	11	1	3075F		0.00	0.00	0.00	0.00			0.00	
1013940584	0328	032825	11	1	3078F		0.00	0.00	0.00	0.00			0.00	
1013940584	0328	032825	11	1	1036F		0.00	0.00	0.00	0.00			0.00	
1013940584	0328	032825	11	1	3008F		0.00	0.00	0.00	0.00			0.00	
1013940584	0328	032825	11	1	2001F		0.00	0.00	0.00	0.00			0.00	
1013940584	0328	032825	11	1	2000F		0.00	0.00	0.00	0.00			0.00	
1013940584	0328	032825	11	1	1000F		0.00	0.00	0.00	0.00			0.00	
1013940584	0328	032825	11	1	1159F		0.00	0.00	0.00	0.00			0.00	
1013940584	0328	032825	11	1	1160F		0.00	0.00	0.00	0.00			0.00	
PT RESP		0.00	CLAIM TOTALS				305.88	167.04	0.00	0.00		142.19	163.69	
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	163.69	
STATUS CODE 1: Processed as Primary														

NAME FRANSSENS, JAMES O				HIC X3LM68819009		ACNT	5530LMD642		ICN 27250908913200710		ASG Y	MOA		
1013940584	0325	032525	11	1	99215	25	339.70	169.85	0.00	0.00	CO-253	3.40	166.45	
													CO-45	169.85
1013940584	0325	032525	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	0.31	14.95	
													CO-45	9.74
1013940584	0325	032525	11	1	3077F		0.00	0.00	0.00	0.00			0.00	
1013940584	0325	032525	11	1	3078F		0.00	0.00	0.00	0.00			0.00	
1013940584	0325	032525	11	1	3008F		0.00	0.00	0.00	0.00			0.00	
1013940584	0325	032525	11	1	2001F		0.00	0.00	0.00	0.00			0.00	
1013940584	0325	032525	11	1	2000F		0.00	0.00	0.00	0.00			0.00	
1013940584	0325	032525	11	1	1000F		0.00	0.00	0.00	0.00			0.00	
1013940584	0325	032525	11	1	1159F		0.00	0.00	0.00	0.00			0.00	
1013940584	0325	032525	11	1	1160F		0.00	0.00	0.00	0.00			0.00	
PT RESP		0.00		CLAIM TOTALS			364.70	185.11	0.00	0.00		183.30	181.40	
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE		0.00		NET	181.40	
STATUS CODE 1: Processed as Primary														



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME KITLER, DAVID W					HIC	X3L910052465	ACNT	3921LMD642		ICN 26250488455100710	ASG Y	MOA		
1013940584	0103	010325	11	1	99214	25		219.00	120.84	0.00	0.00	CO-253	2.42	118.42
1013940584	0103	010325	11	1	29580			114.00	0.00	0.00	0.00	CO-45	98.16	
							REM: N823					CO-4	114.00	0.00
1013940584	0103	010325	11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
												CO-45	9.74	
1013940584	0103	010325	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0103	010325	11	1	3079F			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00		CLAIM TOTALS				358.00	136.10	0.00	0.00		224.63	133.37
ADJ TO TOTAL: PREV PD				INTEREST				0.34	LATE FILING CHARGE			0.00	NET	133.37
STATUS CODE 1: Processed as Primary														

NAME KITLER, DAVID W				HIC	X3L910052465	ACNT	5284LMD642	ICN 27250909339100710				ASG	Y	MOA	
1013940584	0307	030725	11	1	99214	25	241.68	0.00	0.00	0.00	OA-18	241.68	0.00		
1013940584	0307	030725	11	1	G2211		25.00	0.00	0.00	0.00	OA-18	25.00	0.00		
1013940584	0307	030725	11	1	99406	33	23.00	0.00	0.00	0.00	CO-146	23.00	0.00		
REM: M76															
1013940584	0307	030725	11	1	3075F		0.00	0.00	0.00	0.00					0.00
1013940584	0307	030725	11	1	3078F		0.00	0.00	0.00	0.00					0.00
PT RESP		0.00		CLAIM TOTALS			289.68	0.00	0.00	0.00		289.68	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 KITLER, DAVID W				HIC X3L910052465 ACNT 5282LMD642				ICN 27250909339300710				ASG Y	MOA		
1013940584	0221	022125	11	1	99214	25		219.00	0.00	0.00	0.00	OA-18	219.00	0.00	
1013940584	0221	022125	11	1	G2211			25.00	0.00	0.00	0.00	OA-18	25.00	0.00	
1013940584	0221	022125	11	1	99406	33		23.00	0.00	0.00	0.00	CO-146	23.00	0.00	
REM: M76															
1013940584	0221	022125	11	1	29580	RT		114.00	0.00	0.00	0.00	OA-18	114.00	0.00	
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		0.00		CLAIM TOTALS				381.00	0.00	0.00	0.00		381.00	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 DIEKELMANN, JIM A				HIC	X3LM68226190	ACNT	5378LMD642	ICN 27250909339500710				ASG	Y	MOA	
1013940584	0314	031425	11	1	99214	25	219.00	0.00	0.00	0.00	OA-18	219.00	0.00		
1013940584	0314	031425	11	1	G0446	XU	30.00	0.00	0.00	0.00	OA-18	30.00	0.00		
1013940584	0314	031425	11	1	G2211		25.00	0.00	0.00	0.00	CO-16	25.00	0.00		
				REM: MA63											
1013940584	0314	031425	11	1	99406	33	23.00	0.00	0.00	0.00	CO-96	23.00	0.00		
				REM: N115											
1013940584	0314	031425	11	1	3074F		0.00	0.00	0.00	0.00					0.00
1013940584	0314	031425	11	1	3078F		0.00	0.00	0.00	0.00					0.00
1013940584	0314	031425	11	1	3008F		0.00	0.00	0.00	0.00					0.00
1013940584	0314	031425	11	1	2001F		0.00	0.00	0.00	0.00					0.00
1013940584	0314	031425	11	1	2000F		0.00	0.00	0.00	0.00					0.00
1013940584	0314	031425	11	1	1000F		0.00	0.00	0.00	0.00					0.00
1013940584	0314	031425	11	1	1159F		0.00	0.00	0.00	0.00					0.00
1013940584	0314	031425	11	1	1160F		0.00	0.00	0.00	0.00					0.00
PT RESP		0.00	CLAIM TOTALS				297.00	0.00	0.00	0.00			297.00	0.00	
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET		0.00	
STATUS CODE 1: Processed as Primary															

PROVIDER ADJ DETAILS:		PLB REASON CODE		FCN/OTHER IDENTIFIER		HIC		AMOUNT	
		Interest Owed (L6)						-0.34	
TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	7	2471.26	757.71	0.00	0.00	1728.73	742.87	-0.34	742.87

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

CO-146 Payment denied because the diagnosis was invalid for the date(s) of service reported.

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

CO-253 Sequestration - reduction in federal spending

CO-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.

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

CO-96 Non-covered charge(s).

M76 Missing / incomplete / invalid diagnosis or condition.

MA63 Missing / incomplete / invalid principal diagnosis.

N115 This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD).An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd>, or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.



BCBSM
NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC
EFT #: 790091863 PAGE #: 3 of 3
N823 Incomplete/Invalid procedure modifier(s).
OA-18 Duplicate claim / service.

REMITTANCE
ADVICE
DATE: 2025-04-11

