

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

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-05-02
NONPAY #: V634179592 20250502
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	DAMOOSE, RYAN T			HIC MZ0893196534	ACNT 6052LMD642				ICN 26251189677200710	ASG Y MOA	
1306898036	0425 042525 11	1	99214			219.00	0.00	0.00	0.00	PR-31 219.00	0.00
1306898036	0425 042525 11	1	3008F			0.00	0.00	0.00	0.00		0.00
1306898036	0425 042525 11	1	2001F			0.00	0.00	0.00	0.00		0.00
1306898036	0425 042525 11	1	2000F			0.00	0.00	0.00	0.00		0.00
1306898036	0425 042525 11	1	1000F			0.00	0.00	0.00	0.00		0.00
1306898036	0425 042525 11	1	1159F			0.00	0.00	0.00	0.00		0.00
1306898036	0425 042525 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	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
	1	219.00	0.00	0.00	0.00	219.00	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
PR-31 Claim denied as patient cannot be identified as our insured.

