

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

REMITTANCE  
ADVICE

TIMOTHY J TOBOLIC MD PLLC  
  
BYRON CENTER, MI 493156928

NPI #: 1982923660  
PAGE #: 1 of 2  
DATE: 2025-05-28  
EFT #: 742460956  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KARADSHEH, FARES S HIC JXP919855795 ACNT 6424LMD642							ICN 26251392138500710 ASG Y MOA					
INSURED NAME: KARADSHEH, TAHANI S												
1306898036	0516	051625	11	1	99397	25	341.00	178.26	0.00	0.00	CO-144 13.37 CO-45 162.74	164.89
1306898036	0516	051625	11	1	90471		41.00	33.29	0.00	0.00	CO-144 2.50 CO-45 7.71	30.79
1306898036	0516	051625	11	1	90677		330.00	330.00	0.00	0.00		330.00
1306898036	0516	051625	11	1	83036	QW	60.90	14.71	0.00	0.00	CO-45 46.19	14.71
1306898036	0516	051625	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0516	051625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0516	051625	11	1	G8420		0.00	0.00	0.00	0.00		0.00
1306898036	0516	051625	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0516	051625	11	1	4004F		0.00	0.00	0.00	0.00		0.00
1306898036	0516	051625	11	1	3051F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		772.90	556.26	0.00	0.00	232.51	540.39
ADJ TO TOTAL: PREV PD INTEREST							0.00		LATE FILING CHARGE	0.00	NET	540.39
STATUS CODE 1: Processed as Primary												

NAME DEVORMER, EVA M HIC 922024064 ACNT 6286LMD642							ICN 26251432299300710 ASG Y MOA					
1013940584	0509	050925	11	1	99214		219.00	120.84	0.00	0.00	OA-23 98.16	120.84
1013940584	0509	050925	11	1	G2211		25.00	15.26	0.00	0.00	OA-23 9.74	15.26
1013940584	0509	050925	11	1	0513F		0.00	0.00	0.00	0.00		0.00
1013940584	0509	050925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		244.00	136.10	0.00	0.00	107.90	136.10
ADJ TO TOTAL: PREV PD INTEREST							0.00		LATE FILING CHARGE	0.00	NET	136.10
STATUS CODE 2: Processed as Secondary												

NAME RIDER, GARY L HIC 921556767 ACNT 6117LMD642							ICN 26251402084100710 ASG Y MOA					
1013940584	0430	043025	11	1	G0439		361.00	0.00	0.00	0.00	OA-23 361.00	0.00
REM: N19												
1013940584	0430	043025	11	1	99214	25	241.68	120.84	0.00	0.00	OA-23 217.51	24.17
1013940584	0430	043025	11	1	99497	33	132.00	0.00	0.00	0.00	OA-23 132.00	0.00
REM: N19												
1013940584	0430	043025	11	1	G2211		25.00	15.26	0.00	0.00	OA-23 21.95	3.05
1013940584	0430	043025	11	1	36415		20.00	0.00	0.00	0.00	OA-23 20.00	0.00
REM: N19												
1013940584	0430	043025	11	1	G0136	XU	65.00	0.00	0.00	0.00	OA-23 61.52 PR-204 3.48	0.00
1013940584	0430	043025	11	1	G0444	XU	91.00	0.00	0.00	0.00	OA-23 91.00	0.00
REM: N19												
1013940584	0430	043025	11	1	G0442	XU	43.00	0.00	0.00	0.00	OA-23 43.00	0.00
REM: N19												
1013940584	0430	043025	11	1	G0446	XU	65.00	0.00	0.00	0.00	OA-23 65.00	0.00
REM: N19												
1013940584	0430	043025	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0430	043025	11	1	0513F		0.00	0.00	0.00	0.00		0.00
1013940584	0430	043025	11	1	G8420		0.00	0.00	0.00	0.00		0.00
1013940584	0430	043025	11	1	G9622		0.00	0.00	0.00	0.00		0.00
PT RESP	3.48				CLAIM TOTALS		1043.68	136.10	0.00	0.00	1016.46	27.22
ADJ TO TOTAL: PREV PD INTEREST							0.00		LATE FILING CHARGE	0.00	NET	27.22
STATUS CODE 2: Processed as Secondary												

NAME DAMOOSE, RYAN T HIC MZO893196534 ACNT 6410LMD642							ICN 26251392141500710 ASG Y MOA					
1306898036	0927	092724	11	1	90656		35.00	0.00	0.00	0.00	CO-29 35.00	0.00
1306898036	0927	092724	11	1	90471		41.00	0.00	0.00	0.00	CO-29 41.00	0.00
PT RESP	0.00				CLAIM TOTALS		76.00	0.00	0.00	0.00	76.00	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 CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	4	2136.58	828.46	0.00	0.00	1432.87	703.71	0.00	703.71



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GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES			
CO-144	Incentive adjustment, e.g. preferred product / service.		
CO-29	The time limit for filing has expired.		
CO-45	Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.		
N19	Procedure code incidental to primary procedure.		
OA-23	Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments		
PR-204	This service / equipment / drug is not covered under the patient's current benefit plan		