

Blue Cross Complete of Michigan []
 PO Box 7355
 London, KY 40742

REMITTANCE
 ADVICE

TOBOLIC TIMOTHY MD
 7740 BYRON CENTER AVENUE
 BYRON CENTER, MI 49315

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-05-28
 NONPAY #: 279675277
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME WEBSTER, BRANDON J				HIC	993241200	ACNT	5659LMD642		ICN	606130669700	ASG Y	MOA	
1306898036	0404	040425	11	1	99213 25		-146.00	0.00	0.00	0.00	CO-45	-87.42	0.00
					REM: N521	N286	N381				CO-16	-58.58	
1306898036	0404	040425	11	1	36415		-20.00	0.00	0.00	0.00	CO-97	-20.00	0.00
					REM: M15								
1306898036	0404	040425	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0404	040425	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0404	040425	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0404	040425	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0404	040425	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0404	040425	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0404	040425	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0404	040425	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS		-166.00	0.00	0.00	0.00		-166.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: 00075452													
STATUS CODE 22: Reversal of Previous Payment													

NAME WEBSTER, BRANDON J	HIC 993241200	ACNT 5659LMD642	ICN 606130669701	ASG Y	MOA	
1306898036 0404 040425 11	1 99213	146.00	0.00	0.00	0.00	CO-45 87.42 0.00
	REM: N286 N381					CO-16 58.58
1306898036 0404 040425 11	1 36415	20.00	0.00	0.00	0.00	CO-97 20.00 0.00
	REM: M15					
1306898036 0404 040425 11	1 3074F	0.00	0.00	0.00	0.00	0.00
1306898036 0404 040425 11	1 3078F	0.00	0.00	0.00	0.00	0.00
1306898036 0404 040425 11	1 3008F	0.00	0.00	0.00	0.00	0.00
1306898036 0404 040425 11	1 2001F	0.00	0.00	0.00	0.00	0.00
1306898036 0404 040425 11	1 2000F	0.00	0.00	0.00	0.00	0.00
1306898036 0404 040425 11	1 1000F	0.00	0.00	0.00	0.00	0.00
1306898036 0404 040425 11	1 1159F	0.00	0.00	0.00	0.00	0.00
1306898036 0404 040425 11	1 1160F	0.00	0.00	0.00	0.00	0.00
PT RESP 0.00	CLAIM TOTALS	166.00	0.00	0.00	0.00	166.00 0.00
ADJ TO TOTAL: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET	0.00
PLAN TYPE: 00075452						
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
	2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

CO-16	Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.
CO-45	Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-97	Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
M15	Separately billed services / tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
N286	Missing / incomplete / invalid referring provider primary identifier.
N381	Consult our contractual agreement for restrictions / billing / payment information related to these charges.
N521	Mismatch between the submitted provider information and the provider information stored in our system.

