

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES []
P.O. BOX 30479
LANSING, MI 48909

REMITTANCE
ADVICE

TIMOTHY TOBOLIC, MD, PLLC [CV0012104]
7740 BYRON CENTER AVE SW

TAX ID #: 272620668
PAGE #: 1 of 2
DATE: 2025-05-15
NONPAY #: 80914480

BYRON CENTER, MI 493156928

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	EARHART, KAYLEE M				HIC 0084109027	ACNT 6255LMD642			ICN 312512810204620000	ASG Y	MOA	
1306898036	0507	050725	11	1	99214 25		219.00	0.00	0.00	0.00	CO-24	219.00 0.00
					REM: N442 MA125							
1306898036	0507	050725	11	1	99401 25		65.00	0.00	0.00	0.00	CO-24	65.00 0.00
1306898036	0507	050725	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0507	050725	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0507	050725	11	1	4004F		0.00	0.00	0.00	0.00		0.00
1306898036	0507	050725	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0507	050725	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0507	050725	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0507	050725	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0507	050725	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0507	050725	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		284.00	0.00	0.00	0.00		284.00 0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 4:	Denied											

NAME	DODBIBA, ZANA				HIC 1226177086	ACNT 5935LMD642			ICN 322512910012138000	ASG Y	MOA MA114	
1013940584	0418	041825	11	1	99215 25		339.70	0.00	0.00	0.00	CO-24	339.70 0.00
					REM: N442 MA125							
1013940584	0418	041825	11	1	G2211		25.00	0.00	0.00	0.00	CO-16	25.00 0.00
					REM: N56							
1013940584	0418	041825	11	1	93000		71.00	0.00	0.00	0.00	CO-24	71.00 0.00
					REM: MA125							
1013940584	0418	041825	11	1	36415		20.00	0.00	0.00	0.00	CO-24	20.00 0.00
					REM: MA125							
1013940584	0418	041825	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0418	041825	11	1	G8427		0.00	0.00	0.00	0.00		0.00
1013940584	0418	041825	11	1	G8476		0.00	0.00	0.00	0.00		0.00
1013940584	0418	041825	11	1	G8420		0.00	0.00	0.00	0.00		0.00
1013940584	0418	041825	11	1	2000F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		455.70	0.00	0.00	0.00		455.70 0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 4:	Denied											

NAME	DODBIBA, ILIR V				HIC 1250004640	ACNT 5934LMD642			ICN 322512910012139000	ASG Y	MOA MA114	
1013940584	0418	041825	11	1	99215 25		295.00	0.00	0.00	0.00	CO-204	295.00 0.00
					REM: MA125 N448 N442							
1013940584	0418	041825	11	1	G2211		25.00	0.00	0.00	0.00	CO-16	25.00 0.00
					REM: N56 N448							
1013940584	0418	041825	11	1	36415		20.00	0.00	0.00	0.00	CO-204	20.00 0.00
					REM: N448 MA125							
1013940584	0418	041825	11	1	G8510		0.00	0.00	0.00	0.00		0.00
					REM: N448							
1013940584	0418	041825	11	1	G8420		0.00	0.00	0.00	0.00		0.00
					REM: N448							
1013940584	0418	041825	11	1	2000F		0.00	0.00	0.00	0.00		0.00
					REM: N448							
PT RESP	0.00				CLAIM TOTALS		340.00	0.00	0.00	0.00		340.00 0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 4:	Denied											

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	1079.70	0.00	0.00	0.00	1079.70	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-204 This service / equipment / drug is not covered under the patient's current benefit plan
CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.
MA114 Missing / incomplete / invalid information on where the services were furnished.
MA125 Per legislation governing this program, payment constitutes payment in full.
N442 Payment based on an alternate fee schedule.



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TAX ID #: 272620668 TIMOTHY TOBOLIC, MD, PLLC [CV0012104]

ADVICE

NONPAY #: 80914480 PAGE #: 2 of 2 DATE: 2025-05-15
N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement

N56 Procedure code billed is not correct / valid for the services billed or the date of service billed.

