

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 2
 DATE: 2025-06-20
 EFT #: 790151130
 TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME KITLER, DAVID W					HIC	X3L910052465	ACNT	6827LMD642		ICN	26251608892700710	ASG Y	MOA	
1013940584	0530	053025	11	1	99214	25		219.00	120.84	0.00	0.00	CO-253	2.42	118.42
												CO-45	98.16	
1013940584	0530	053025	11	1	G2211			30.52	15.26	0.00	0.00	CO-253	0.31	14.95
												CO-45	15.26	
1013940584	0530	053025	11	1	99406			23.00	0.00	0.00	0.00	CO-96	23.00	0.00
							REM: N115							
1013940584	0530	053025	11	2	29580			228.00	0.00	0.00	0.00	CO-16	228.00	0.00
							REM: M53							
1013940584	0530	053025	11	1	0513F			0.00	0.00	0.00	0.00			0.00
1013940584	0530	053025	11	1	G8417			0.00	0.00	0.00	0.00			0.00
1013940584	0530	053025	11	1	G8427			0.00	0.00	0.00	0.00			0.00
1013940584	0530	053025	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0530	053025	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0530	053025	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0530	053025	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0530	053025	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0530	053025	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00		CLAIM TOTALS				500.52	136.10	0.00	0.00		367.15	133.37
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	133.37
STATUS CODE 1: Processed as Primary														

NAME KITLER, DAVID W				HIC X3L910052465 ACNT 6828LMD642				ICN 27251615466900710				ASG Y	MOA	
1013940584	0606	060625	11	1	99214	25		241.68	120.84	0.00	0.00	CO-253	2.42	118.42
												CO-45	120.84	
1013940584	0606	060625	11	1	29580	RT		115.58	0.00	0.00	0.00	CO-16	115.58	0.00
				REM: M53										
1013940584	0606	060625	11	1	29580	LT		115.58	0.00	0.00	0.00	CO-16	115.58	0.00
				REM: M53										
1013940584	0606	060625	11	1	G0557			94.10	47.05	0.00	0.00	CO-253	0.94	46.11
												CO-45	47.05	
1013940584	0606	060625	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0606	060625	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0606	060625	11	1	G8427			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00		CLAIM TOTALS				566.94	167.89	0.00	0.00		402.41	164.53
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	164.53
STATUS CODE 1: Processed as Primary														

NAME KITLER, DAVID W				HIC X3L910052465 ACNT				6829LMD642		ICN 27251615467400710				ASG Y	MOA	
1013940584	0516	051625	11	1	99214	25		219.00	120.84	0.00	0.00	CO-253	2.42		118.42	
												CO-45	98.16			
1013940584	0516	051625	11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31		14.95	
												CO-45	9.74			
1013940584	0516	051625	11	1	29580	LT		115.58	0.00	0.00	0.00	CO-16	115.58		0.00	
						REM: M53										
1013940584	0516	051625	11	1	29580	RT		115.58	0.00	0.00	0.00	CO-16	115.58		0.00	
						REM: M53										
1013940584	0516	051625	11	1	0513F			0.00	0.00	0.00	0.00					0.00
1013940584	0516	051625	11	1	3078F			0.00	0.00	0.00	0.00					0.00
1013940584	0516	051625	11	1	3074F			0.00	0.00	0.00	0.00					0.00
PT RESP		0.00		CLAIM TOTALS				475.16	136.10	0.00	0.00		341.79		133.37	
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE				0.00	NET	133.37	
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
	3	1542.62	440.09	0.00	0.00	1111.35	431.27	0.00	431.27

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-253 Sequestration - reduction in federal spending
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.



BCBSM
NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC
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CO-96 Non-covered charge(s).
M53 Missing / incomplete / invalid days or units of service.
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.