

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: 2025-04-02
EFT #: 741994306
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME FULLER, KENNETH L				HIC RMH893342977	ACNT	5387LMD642			ICN 26250809083300710	ASG Y	MOA	
1013940584	0319	031925	11	1	99214		219.00	143.12	0.00	0.00	CO-144	102.38
											CO-45	75.88
											PR-3	30.00
1013940584	0319	031925	11	1	G0446	33	61.88	0.00	0.00	0.00	PR-204	0.00
1013940584	0319	031925	11	1	3077F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	11	1	3080F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0319	031925	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	91.88				CLAIM TOTALS		280.88	143.12	0.00	0.00		102.38
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	102.38
STATUS CODE 1: Processed as Primary												
NAME FLIER, JOSHUA J				HIC MMJ922515349	ACNT	5443LMD642			ICN 26250852751300710	ASG Y	MOA	
INSURED NAME: FLIER, AMANDA A												
1306898036	0324	032425	11	1	98966		25.00	18.10	0.00	0.00	CO-144	16.74
											CO-45	6.90
PT RESP	0.00				CLAIM TOTALS		25.00	18.10	0.00	0.00		16.74
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	16.74
STATUS CODE 1: Processed as Primary												
NAME GROENEVELD, PHYLLIS K				HIC UGDM60599705	ACNT	5456LMD642			ICN 26250856727900710	ASG Y	MOA	
1013940584	0325	032525	11	1	99213		146.00	98.69	0.00	0.00	CO-144	91.29
											CO-45	47.31
1013940584	0325	032525	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0325	032525	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		146.00	98.69	0.00	0.00		91.29
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	91.29
STATUS CODE 1: Processed as Primary												
NAME KAMP, SCOTT A				HIC KMT893449796	ACNT	5232LMD642			ICN 27250767535800710	ASG Y	MOA	
1306898036	0312	031225	11	1	99396	25	327.00	165.75	0.00	0.00	CO-144	138.31
											CO-45	161.25
											PR-3	15.00
1306898036	0312	031225	11	1	99401		40.00	40.00	0.00	0.00	CO-144	37.00
1306898036	0312	031225	11	1	81001		43.05	3.17	3.17	0.00	CO-45	0.00
1306898036	0312	031225	11	1	36415		20.00	5.00	5.00	0.00	CO-45	0.00
1306898036	0312	031225	11	1	G0136	33	34.80	30.36	0.00	0.00	CO-144	28.08
											CO-45	4.44
1306898036	0312	031225	11	1	G0442	XU	30.00	30.00	30.00	0.00		0.00
1306898036	0312	031225	11	1	G0444	XU 33	29.45	0.00	0.00	0.00	PI-97	0.00
1306898036	0312	031225	11	1	3077F		0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0312	031225	11	1	G9621		0.00	0.00	0.00	0.00		0.00
PT RESP	53.17				CLAIM TOTALS		524.30	274.28	38.17	0.00		203.39
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	203.39
STATUS CODE 1: Processed as Primary												



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME RIDER, JENNIE L				HIC	921556767	ACNT	5089LMD642	ICN 28250835611100710				ASG Y	MOA	
INSURED NAME: RIDER, GARY L														
1013940584	0304	030425	11	1	99213	25		146.00	85.63	0.00	0.00	OA-23	60.37	85.63
1013940584	0304	030425	11	1	G2211			25.00	0.00	0.00	0.00	OA-136	25.00	0.00
1013940584	0304	030425	11	1	82043	QW		14.70	0.00	0.00	0.00	OA-23	14.70	0.00
REM: N19														
1013940584	0304	030425	11	1	82570	QW		17.85	0.00	0.00	0.00	OA-23	17.85	0.00
REM: N19														
1013940584	0304	030425	11	1	2000F			0.00	0.00	0.00	0.00			0.00
PT RESP		0.00		CLAIM TOTALS				203.55	85.63	0.00	0.00		117.92	85.63
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	85.63
STATUS CODE 2: Processed as Secondary														

NAME BECK, MICHELLE A				HIC DNW891210745 ACNT 5476LMD642				ICN 26250867025900710				ASG Y	MOA	
INSURED NAME: BECK, JOSEPH B														
1306898036	0326	032625	11	1	99214	25		219.00	143.12	143.12	0.00	CO-45	75.88	0.00
1306898036	0326	032625	11	1	J2175			25.00	1.78	1.78	0.00	CO-45	23.22	0.00
1306898036	0326	032625	11	1	J2550			12.00	4.15	4.15	0.00	CO-45	7.85	0.00
1306898036	0326	032625	11	1	96372			45.00	15.35	15.35	0.00	CO-45	29.65	0.00
1306898036	0326	032625	11	1	3077F			0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	11	1	3079F			0.00	0.00	0.00	0.00			0.00
PT RESP		164.40		CLAIM TOTALS				301.00	164.40	164.40	0.00		136.60	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

NAME VANBUREN, JON A				HIC	NSS892758732 ACNT 5459LMD642				ICN 26250867025400710				ASG	Y	MOA
INSURED NAME: VAN BUREN, JON A															
1013940584	0325	032525	11	1	99213	25		146.00	98.69	98.69	0.00	CO-45	47.31	0.00	
1013940584	0325	032525	11	1	82043	QW		14.70	4.34	4.34	0.00	CO-45	10.36	0.00	
1013940584	0325	032525	11	1	82570	QW		17.85	3.89	3.89	0.00	CO-45	13.96	0.00	
1013940584	0325	032525	11	1	G0466	XU		61.88	0.00	0.00	0.00	CO-246	61.88	0.00	
1013940584	0325	032525	11	1	3075F			0.00	0.00	0.00	0.00			0.00	
1013940584	0325	032525	11	1	3079F			0.00	0.00	0.00	0.00			0.00	
1013940584	0325	032525	11	1	3061F			0.00	0.00	0.00	0.00			0.00	
1013940584	0325	032525	11	1	3008F			0.00	0.00	0.00	0.00			0.00	
1013940584	0325	032525	11	1	2001F			0.00	0.00	0.00	0.00			0.00	
1013940584	0325	032525	11	1	2000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0325	032525	11	1	1000F			0.00	0.00	0.00	0.00			0.00	
1013940584	0325	032525	11	1	1159F			0.00	0.00	0.00	0.00			0.00	
1013940584	0325	032525	11	1	1160F			0.00	0.00	0.00	0.00			0.00	
PT RESP		106.92		CLAIM TOTALS				240.43	106.92	106.92	0.00		133.51	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	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	7	1721.16	891.14	309.49	0.00	912.24	499.43	0.00	499.43

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

CO-144 Incentive adjustment, e.g. preferred product / service.

CO-246 This non-payable code is for required reporting only.

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

N19 Procedure code incidental to primary procedure.

OA-136 Claim adjusted based on failure to follow prior payer's coverage rules. (Use Group Code OA).

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

PI-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

PR-1 Deductible Amount

PR-204 This service / equipment / drug is not covered under the patient's current benefit plan

PR-3 Co-payment Amount

