

BLUE CROSS BLUE SHIELD OF MICH []
P.O. BOX 553912
DETROIT, MI 482553912
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC
7740 BYRON CENTER AVE

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-07-29
EFT #: 604181601
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	BELKA, KATHY L				HIC	XYL993696208 ACNT	6967LMD642			ICN	250619295210	ASG Y MOA
1013940584	0613	061325	11	1	99214	25	219.00	120.84	0.00	0.00	CO-45	98.16
											CO-253	2.42
1013940584	0613	061325	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0613	061325	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0613	061325	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0613	061325	11	1	G2211		25.00	15.26	0.00	0.00	CO-45	9.74
											CO-253	0.31
1013940584	0613	061325	11	1	G0447	XU	65.00	0.00	0.00	0.00	CO-97	65.00
						REM: N19						
1013940584	0613	061325	11	1	99401	25	65.00	0.00	0.00	0.00	PR-96	65.00
						REM: N216						
1013940584	0613	061325	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0613	061325	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0613	061325	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0613	061325	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0613	061325	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	65.00				CLAIM	TOTALS	374.00	136.10	0.00	0.00		240.63
ADJ TO TOTAL: PREV PD						INTEREST	0.05					133.37
STATUS CODE 1:	Processed as Primary											
											0.00	NET

NAME	VANLAAN, LESLIE K				HIC	XYL842787562 ACNT	5590LMD642			ICN	250716325240	ASG Y MOA
1013940584	0401	040125	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	1493F		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-96	29.45
						REM: N435						
1013940584	0401	040125	11	1	99215	25	295.00	169.85	0.00	0.00	CO-45	125.15
											CO-253	3.40
1013940584	0401	040125	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0401	040125	11	1	1494F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM	TOTALS	324.45	169.85	0.00	0.00		158.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00					166.45
STATUS CODE 1:	Processed as Primary											
											0.00	NET

PROVIDER ADJ DETAILS: PLB REASON CODE FCN/OTHER IDENTIFIER HIC AMOUNT
Interest Owed (L6) 6967LMD642 250619295210 -0.05

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	698.45	305.95	0.00	0.00	398.63	299.87	-0.05	299.87

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-253 Sequestration - reduction in federal spending
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-96 Non-covered charge(s).
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
N19 Procedure code incidental to primary procedure.
N216 Patient is not enrolled in this portion of our benefit package
N435 Exceeds number / frequency approved / allowed within time period without support documentation.
PR-96 Non-covered charge(s).

