

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 3  
DATE: 2025-03-12  
EFT #: 509687211  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME FORDHAM, GARY N			HIC ASN913253225 ACNT		4789LMD642		ICN 26250582294900710		ASG Y MOA			
1013940584	0213	021325	11	1	99396	25	327.00	165.75	0.00	0.00	CO-144	153.31
											12.44	
1013940584	0213	021325	11	1	96127	XU	40.00	7.46	0.00	0.00	CO-45	6.90
											161.25	
1013940584	0213	021325	11	1	96127	XU	40.00	7.46	7.46	0.00	CO-144	0.00
1013940584	0213	021325	11	1	82043	QW	14.70	4.34	4.34	0.00	CO-45	0.00
1013940584	0213	021325	11	1	82570	QW	17.85	3.89	3.89	0.00	CO-45	0.00
1013940584	0213	021325	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	36415		20.00	5.00	0.00	0.00	CO-45	4.62
											0.38	
1013940584	0213	021325	11	1	3061F		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP			15.69		CLAIM TOTALS		459.55	193.90	15.69	0.00		164.83
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	
STATUS CODE 1: Processed as Primary											NET	

NAME FORDHAM, GARY N			HIC ASN913253225 ACNT		5058LMD642		ICN 26250640211600710		ASG Y MOA			
1013940584	0225	022525	11	1	99213	25	171.26	98.69	0.00	0.00	CO-144	46.29
											7.40	
											72.57	
1013940584	0225	022525	11	1	11303	LT	250.00	0.00	0.00	0.00	CO-4	0.00
											45.00	
											250.00	
1013940584	0225	022525	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0225	022525	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP			45.00		CLAIM TOTALS		421.26	98.69	0.00	0.00		46.29
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	
STATUS CODE 1: Processed as Primary											NET	

NAME LEE, JASON M			HIC RER955M78329 ACNT		4438LMD642		ICN 26250301974900710		ASG Y MOA			
1013940584	0127	012725	11	1	99386	25	-388.00	0.00	0.00	0.00	CO-119	0.00
1013940584	0127	012725	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0127	012725	11	1	82043	QW	-14.70	0.00	0.00	0.00	CO-45	-4.34
1013940584	0127	012725	11	1	82570	QW	-17.85	0.00	0.00	0.00	CO-45	-3.89
1013940584	0127	012725	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0127	012725	11	1	3061F		0.00	0.00	0.00	0.00		0.00
PT RESP			0.00		CLAIM TOTALS		-420.55	0.00	0.00	0.00		-8.23
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	
STATUS CODE 22: Reversal of Previous Payment											NET	

NAME LEE, JASON M			HIC RER955M78329 ACNT		4438LMD642		ICN 26250301974902710		ASG Y MOA			
1013940584	0127	012725	11	1	99396	25	327.00	165.75	0.00	0.00	CO-144	153.31
											12.44	
											161.25	
1013940584	0127	012725	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0127	012725	11	1	82043	QW	14.70	4.34	0.00	0.00	CO-45	4.34
1013940584	0127	012725	11	1	82570	QW	17.85	3.89	0.00	0.00	CO-45	3.89
1013940584	0127	012725	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0127	012725	11	1	3061F		0.00	0.00	0.00	0.00		0.00
PT RESP			0.00		CLAIM TOTALS		359.55	173.98	0.00	0.00		161.54
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	
STATUS CODE 1: Processed as Primary											NET	



BCBSM			REMITTANCE
NPI #:	1982923660	TIMOTHY J TOBOLIC MD PLLC	ADVICE
EFT #:	509687211	PAGE #: 2 of 3	DATE: 2025-03-12

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME REYNOLDS, KYLIE M			HIC WMW12308928W02		ACNT	4978LMD642	ICN 26250582297000710		ASG Y	MOA		
1306898036	0225	022525	11	1	99395		297.00	155.93	0.00	0.00	CO-144	144.23
											11.70	
											141.07	
1306898036	0225	022525	11	1	G0442 XU		30.00	30.00	30.00	0.00		0.00
1306898036	0225	022525	11	1	G0444 XU		29.45	0.00	0.00	0.00	CO-234	0.00
					REM: N20							
1306898036	0225	022525	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0225	022525	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0225	022525	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0225	022525	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	30.00				CLAIM TOTALS		356.45	185.93	30.00	0.00		144.23
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	144.23
STATUS CODE 1: Processed as Primary												

NAME SIEVERS, DENNIS W			HIC C5N838822346		ACNT	5066LMD642	ICN 26250640209100710		ASG Y	MOA		
1013940584	0303	030325	11	1	99214 25		219.00	143.12	143.12	0.00	CO-45	0.00
1013940584	0303	030325	11	1	81001		43.05	3.17	0.00	0.00	CO-45	3.17
1013940584	0303	030325	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0303	030325	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	143.12				CLAIM TOTALS		262.05	146.29	143.12	0.00		3.17
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	3.17
STATUS CODE 1: Processed as Primary												

NAME OLNEY, NAN			HIC 890844943		ACNT	4983LMD642	ICN 26250664191400710		ASG Y	MOA		
INSURED NAME: OLNEY, KENNETH												
1306898036	0225	022525	11	1	99214		219.00	120.84	0.00	0.00	OA-23	100.84
											98.16	
											20.00	
1306898036	0225	022525	11	1	G2211		25.00	0.00	0.00	0.00	PR-3	0.00
1306898036	0225	022525	11	1	2000F		0.00	0.00	0.00	0.00	CO-97	0.00
PT RESP	20.00				CLAIM TOTALS		244.00	120.84	0.00	0.00		100.84
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	100.84
STATUS CODE 2: Processed as Secondary												

NAME DAMSTRA, DEBRA L			HIC MSE893355119		ACNT	3539LMD642	ICN 26250640415300710		ASG Y	MOA	N152	
1013940584	1212	121224	11	1	99397 25		341.00	0.00	0.00	0.00	PI-16	0.00
					REM: N152							
1013940584	1212	121224	11	1	96127 XU		40.00	0.00	0.00	0.00	PI-16	0.00
					REM: N152							
1013940584	1212	121224	11	1	96127 XU		40.00	0.00	0.00	0.00	PI-16	0.00
					REM: N152							
1013940584	1212	121224	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	1212	121224	11	1	36415		15.00	0.00	0.00	0.00	PI-16	0.00
					REM: N152							
1013940584	1212	121224	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1013940584	1212	121224	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	1212	121224	11	1	1158F		0.00	0.00	0.00	0.00		0.00
1013940584	1212	121224	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	1212	121224	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		436.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 1: Processed as Primary												

NAME FORDHAM, GARY N			HIC ASN913253225		ACNT	4789LMD642	ICN 26250640209300710		ASG Y	MOA		
1013940584	0213	021325	11	1	99396 25		327.00	0.00	0.00	0.00	OA-18	0.00
1013940584	0213	021325	11	1	96127 XU		40.00	0.00	0.00	0.00	OA-18	0.00
1013940584	0213	021325	11	1	96127 XU		40.00	0.00	0.00	0.00	OA-18	0.00
1013940584	0213	021325	11	1	82043 QW		14.70	0.00	0.00	0.00	OA-18	0.00
1013940584	0213	021325	11	1	82570 QW		17.85	0.00	0.00	0.00	OA-18	0.00
1013940584	0213	021325	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	36415		20.00	0.00	0.00	0.00	OA-18	0.00
1013940584	0213	021325	11	1	3061F		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	0213	021325	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		459.55	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 1: Processed as Primary												



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME PATTERSON, LACEY M				HIC	NNK105308346	ACNT	4120LMD642	ICN 28250553110600710				ASG Y	MOA	
1013940584	0114	011425	11	1	99214			219.00	0.00	0.00	0.00	PR-22	219.00	0.00
1013940584	0114	011425	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0114	011425	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0114	011425	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0114	011425	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0114	011425	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0114	011425	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0114	011425	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0114	011425	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP		219.00		CLAIM TOTALS				219.00	0.00	0.00	0.00		219.00	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE				0.00	0.00
STATUS CODE 1: Processed as Primary														

NAME RABITOY, MARC A				HIC	XYQM69706315	ACNT	5048LMD642	ICN 26250640406700710				ASG Y	MOA	
1306898036	0228	022825	11	1	99213		146.00	98.69	98.69	0.00	CO-45	47.31	0.00	
1306898036	0228	022825	11	1	3074F		0.00	0.00	0.00	0.00			0.00	
1306898036	0228	022825	11	1	3078F		0.00	0.00	0.00	0.00			0.00	
1306898036	0228	022825	11	1	3008F		0.00	0.00	0.00	0.00			0.00	
1306898036	0228	022825	11	1	2001F		0.00	0.00	0.00	0.00			0.00	
1306898036	0228	022825	11	1	2000F		0.00	0.00	0.00	0.00			0.00	
1306898036	0228	022825	11	1	1000F		0.00	0.00	0.00	0.00			0.00	
1306898036	0228	022825	11	1	1159F		0.00	0.00	0.00	0.00			0.00	
1306898036	0228	022825	11	1	1160F		0.00	0.00	0.00	0.00			0.00	
PT RESP 98.69				CLAIM TOTALS				146.00	98.69	98.69	0.00	47.31	0.00	
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE				0.00	0.00
STATUS CODE 1: Processed as Primary														

NAME SCHIERBEEK, LUANNE				HIC	MSR916515303	ACNT	3682LMD642	ICN 26250640415000710				ASG Y	MOA N152		
1013940584	1218	121824	11	1	99396	25	327.00	0.00	0.00	0.00	PI-16	327.00	0.00		
REM: N152															
1013940584	1218	121824	11	1	36415		15.00	0.00	0.00	0.00	PI-16	15.00	0.00		
REM: N152															
1013940584	1218	121824	11	1	96127	XU	40.00	0.00	0.00	0.00	PI-16	40.00	0.00		
REM: N152															
1013940584	1218	121824	11	1	96127	XU	40.00	0.00	0.00	0.00	PI-16	40.00	0.00		
REM: N152															
1013940584	1218	121824	11	1	3074F		0.00	0.00	0.00	0.00			0.00		
1013940584	1218	121824	11	1	3078F		0.00	0.00	0.00	0.00			0.00		
1013940584	1218	121824	11	1	G9622		0.00	0.00	0.00	0.00			0.00		
1013940584	1218	121824	11	1	G8510		0.00	0.00	0.00	0.00			0.00		
PT RESP		0.00	CLAIM TOTALS				422.00	0.00	0.00	0.00		422.00	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 CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	12	3364.86	1018.32	287.50	0.00	2464.69	612.67	0.00	612.67

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

CO-119 Benefit maximum for this time period or occurrence has been reached.

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

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

CO-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.

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

M20 Missing / incomplete / invalid HCPCS.

N152 Missing / incomplete / invalid replacement claim information.

N20 Service not payable with other service rendered on the same date.

N416 This service is allowed 1 time in a 3-year period. (This temporary code will be deactivated on 2 / 1/09. Must be used with Reason Code 119.)

OA-18 Duplicate claim / service.

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

PI-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

PR-1 Deductible Amount

PR-22 Payment adjusted because this care may be covered by another payer per coordination of benefits.

PR-3 Co-payment Amount

