

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: 2025-04-22  
EFT #: 604092749  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	MAUCHMAR, CONRAD J				HIC	XYL990243243 ACNT	5269LMD642			ICN 250318397370	ASG Y MOA	
1013940584	0314	031425	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	11	1	3060F		0.00	0.00	0.00	0.00		0.00
1013940584	0314	031425	11	1	36415		20.00	0.00	0.00	0.00	CO-16	20.00
					REM: M76							
1013940584	0314	031425	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00
					REM: N20							
1013940584	0314	031425	11	1	G0446 XU		61.88	30.94	0.00	0.00	CO-45	30.94
											CO-253	0.62
1013940584	0314	031425	11	1	99215 25		295.00	169.85	0.00	0.00	CO-45	125.15
											CO-253	3.40
1013940584	0314	031425	11	1	82570 QW		17.85	0.00	0.00	0.00	CO-16	17.85
					REM: M76							
1013940584	0314	031425	11	1	93000		71.00	13.33	0.00	0.00	CO-45	57.67
											CO-253	0.27
1013940584	0314	031425	11	1	82043 QW		14.70	0.00	0.00	0.00	CO-16	14.70
					REM: M76							
1013940584	0314	031425	11	1	G0447 XU		40.00	30.94	0.00	0.00	CO-45	9.06
											CO-253	0.62
1013940584	0314	031425	11	1	99401 XU		40.00	0.00	0.00	0.00	PR-96	40.00
					REM: N216							
1013940584	0314	031425	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	40.00				CLAIM TOTALS		585.43	245.06	0.00	0.00		345.28
ADJ TO TOTAL: PREV PD					INTEREST		0.00					240.15
STATUS CODE 1: Processed as Primary												

NAME	SUTTON, PAMELA J				HIC	XYL991585280 ACNT	5658LMD642			ICN 250408294689	ASG Y MOA	
1013940584	0313	031325	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91
											CO-253	0.18
PT RESP	0.00				CLAIM TOTALS		20.00	9.09	0.00	0.00		11.09
ADJ TO TOTAL: PREV PD					INTEREST		0.00					8.91
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
	2	605.43	254.15	0.00	0.00	356.37	249.06	0.00	249.06

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-234 This procedure is not paid separately. 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.  
M76 Missing / incomplete / invalid diagnosis or condition.  
N20 Service not payable with other service rendered on the same date.  
N216 Patient is not enrolled in this portion of our benefit package  
PR-96 Non-covered charge(s).

