

BCBSM []
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 DETROIT, MI 482262998
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REMITTANCE
 ADVICE

TIMOTHY J TOBOLIC MD PLLC

 BYRON CENTER, MI 493156928

NPI #: 1982923660
 PAGE #: 1 of 1
 DATE: 2025-07-02
 EFT #: 742758891
 TAX ID #: 272620668

| REND | PROV | SERV DATE | POS | NOS | PROC | MODS | BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AMT | PROV PD |
|-------------------------------------|-------------|------------|---------------|--------------|-----------------|--------------|-----------------------|--------------|--------------------|-------|------------|------------|
| NAME JASULAITIS, JAMES | | | HIC R60212278 | | ACNT 6983LMD642 | | ICN 26251748846300710 | | | ASG Y | MOA | |
| INSURED NAME: JASULAITIS, JANELLE | | | | | | | | | | | | |
| 1306898036 | 0616 | 061625 | 11 | 1 | 99396 | 25 | 327.00 | 165.75 | 0.00 | 0.00 | CO-45 | 165.75 |
| 1306898036 | 0616 | 061625 | 11 | 1 | G0136 | 33 | 65.00 | 0.00 | 0.00 | 0.00 | CO-96 | 0.00 |
| REM: N20 | | | | | | | | | | | | |
| 1306898036 | 0616 | 061625 | 11 | 1 | 36415 | | 20.00 | 5.00 | 0.00 | 0.00 | CO-45 | 5.00 |
| 1306898036 | 0616 | 061625 | 11 | 1 | G0442 | XU | 30.00 | 0.00 | 0.00 | 0.00 | PR-204 | 0.00 |
| 1306898036 | 0616 | 061625 | 11 | 1 | G0444 | XU | 29.45 | 0.00 | 0.00 | 0.00 | PR-204 | 0.00 |
| 1306898036 | 0616 | 061625 | 11 | 1 | G8510 | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1306898036 | 0616 | 061625 | 11 | 1 | G8476 | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1306898036 | 0616 | 061625 | 11 | 1 | G8420 | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1306898036 | 0616 | 061625 | 11 | 1 | G9622 | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1306898036 | 0616 | 061625 | 11 | 1 | G8427 | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 1306898036 | 0616 | 061625 | 11 | 1 | 1036F | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| PT RESP | 59.45 | | | CLAIM TOTALS | | | 471.45 | 170.75 | 0.00 | 0.00 | 300.70 | 170.75 |
| ADJ TO TOTAL: PREV PD | | | | | | | INTEREST | 0.00 | LATE FILING CHARGE | | 0.00 | NET 170.75 |
| 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 | | | |
| | 1 | 471.45 | 170.75 | 0.00 | 0.00 | 300.70 | 170.75 | 0.00 | 170.75 | | | |

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
 CO-96 Non-covered charge(s).
 N20 Service not payable with other service rendered on the same date.
 PR-204 This service / equipment / drug is not covered under the patient's current benefit plan

