

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: 2025-04-08  
EFT #: 604081123  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	PREDUM, ARTHUR J				HIC	XYL991612060 ACNT	5533LMD642			ICN	250328423500	ASG Y MOA
1013940584	1226	122624	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	11	1	G0442 XU		30.00	0.00	0.00	0.00	CO-97	30.00
					REM: N19							
1013940584	1226	122624	11	1	99214 25		219.00	123.66	0.00	2.47	CO-45	95.34
											CO-253	2.42
1013940584	1226	122624	11	1	G0439		361.00	125.39	0.00	0.00	CO-45	235.61
											CO-253	2.51
1013940584	1226	122624	11	1	G0444 XU		29.45	17.91	0.00	0.00	CO-45	11.54
											CO-253	0.36
1013940584	1226	122624	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1013940584	1226	122624	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	2.47				CLAIM TOTALS		639.45	266.96	0.00	2.47		377.78
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 259.20
STATUS CODE 1: Processed as Primary												

NAME	OPDENDYK, DELJEANNE G				HIC	XYL991547990 ACNT	5544LMD642			ICN	250328423510	ASG Y MOA
1306898036	0328	032825	11	1	99213		146.00	85.63	85.63	0.00	CO-45	60.37
1306898036	0328	032825	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	11	1	G8420		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1306898036	0328	032825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	85.63				CLAIM TOTALS		146.00	85.63	85.63	0.00		60.37
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS: PLB REASON CODE FCN/OTHER IDENTIFIER HIC AMOUNT  
Overpayment Recovery (WO) 4341LMD642 250124664085 151.91

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	2	785.45	352.59	85.63	2.47	438.15	107.29	151.91	107.29

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-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.  
PR-1 Deductible Amount  
PR-2 Coinsurance Amount

