

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES []
P.O. BOX 30479
LANSING, MI 48909

REMITTANCE
ADVICE

TIMOTHY TOBOLIC, MD, PLLC [CV0012104]
7740 BYRON CENTER AVE SW

TAX ID #: 272620668
PAGE #: 1 of 2
DATE: 2025-03-12
CHECK #: 108443376

BYRON CENTER, MI 493156928

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	EARHART, KAYLEE M				HIC 0084109027	ACNT 4276LMD642			ICN 312505210474418000	ASG Y	MOA	
1306898036	0120	012025	11	1	99395 25		0.00	0.00	0.00	0.00		0.00
					REM: N442							
1306898036	0120	012025	11	1	G2211		25.00	0.00	0.00	0.00	CO-16	25.00
					REM: N56 N799 N65							0.00
1306898036	0120	012025	11	1	96127 XU		40.00	2.98	0.00	0.00	CO-45	37.02
1306898036	0120	012025	11	1	96127 XU		40.00	0.00	0.00	0.00	OA-18	40.00
					REM: N522							0.00
1306898036	0120	012025	11	1	36415		20.00	7.53	0.00	0.00	CO-45	12.47
1306898036	0120	012025	11	1	97802		69.42	0.00	0.00	0.00	CO-16	69.42
					REM: N448 N799 N65 N56							0.00
1306898036	0120	012025	11	1	G8417		0.00	0.00	0.00	0.00		0.00
1306898036	0120	012025	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0120	012025	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0120	012025	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		194.42	10.51	0.00	0.00		183.91
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 10.51
STATUS CODE 1: Processed as Primary												

NAME	TIMMER, MICHAEL				HIC 0032230703	ACNT 5070LMD642			ICN 312506310053942000	ASG Y	MOA	
1306898036	0303	030325	11	1	99214		219.00	110.16	0.00	0.00	CO-45	108.84
					REM: N442							110.16
1306898036	0303	030325	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0303	030325	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1306898036	0303	030325	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1306898036	0303	030325	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0303	030325	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0303	030325	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0303	030325	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0303	030325	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0303	030325	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		219.00	110.16	0.00	0.00		108.84
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 110.16
STATUS CODE 1: Processed as Primary												

NAME	KUIPER, JOSHUA D				HIC 0025552681	ACNT 4927LMD642			ICN 312506510204321000	ASG Y	MOA	
1306898036	0219	021925	11	1	95117		37.00	0.00	0.00	0.00	CO-31	37.00
					REM: MA125							0.00
PT RESP	0.00				CLAIM TOTALS		37.00	0.00	0.00	0.00		37.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 4: Denied												

NAME	KUIPER, JOSHUA D				HIC 0025552681	ACNT 4147LMD642			ICN 312506510204316000	ASG Y	MOA	
1306898036	0115	011525	11	1	95117		37.00	0.00	0.00	0.00	CO-B7	37.00
					REM: N570 MA125							0.00
PT RESP	0.00				CLAIM TOTALS		37.00	0.00	0.00	0.00		37.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 4: Denied												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	4	487.42	120.67	0.00	0.00	366.75	120.67	0.00	120.67

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-31 Claim denied as patient cannot be identified as our insured.
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-B7 This provider was not certified / eligible to be paid for this procedure / service on this date of service.
MA125 Per legislation governing this program, payment constitutes payment in full.
N442 Payment based on an alternate fee schedule.
N448 This drug / service / supply is not included in the fee schedule or contracted / legislated fee arrangement



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ADVICE

CHECK #: 108443376 PAGE #: 2 of 2

DATE: 2025-03-12

N522 Duplicate of a claim processed as a crossover claim.

N56 Procedure code billed is not correct / valid for the services billed or the date of service billed.

N570 Missing / incomplete / invalid credentialing data

N65 Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service / provider.

N799 Submitted identifier must be an individual identifier, not group identifier.

OA-18 Duplicate claim / service.

