

Blue Cross Complete of Michigan []
PO Box 7355
London, KY 40742

REMITTANCE
ADVICE

TOBOLIC TIMOTHY MD
7740 BYRON CENTER AVENUE

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-04-29
NONPAY #: 273942912
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	BARKHUFF, JEFFERY E	HIC	992770270	ACNT	4679LMD642	ICN	605961370902	ASG	Y	MOA				
1013940584	0110	011025	11	1	99215			295.00	0.00	0.00	0.00	CO-45	179.34	0.00
						REM: N521 N286 N381						CO-16	115.66	
1013940584	0110	011025	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0110	011025	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0110	011025	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0110	011025	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0110	011025	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0110	011025	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0110	011025	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0110	011025	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0110	011025	11	1	G8431			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		295.00	0.00	0.00	0.00		295.00	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE:	00074671													
STATUS CODE 1:	Processed as Primary													

NAME	BARKHUFF, JEFFERY E	HIC	992770270	ACNT	4679LMD642	ICN	605961370901	ASG	Y	MOA				
1013940584	0110	011025	11	1	99215			-295.00	0.00	0.00	0.00	CO-45	-179.55	0.00
						REM: N521 N286 N381						CO-16	-115.45	
1013940584	0110	011025	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0110	011025	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0110	011025	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0110	011025	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0110	011025	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0110	011025	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0110	011025	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0110	011025	11	1	1159F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		-295.00	0.00	0.00	0.00		-295.00	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE:	00074671													
STATUS CODE 22:	Reversal of Previous Payment													

NAME	Sottovia, Stefanie L	HIC	996214753	ACNT	5488LMD642	ICN	606115902300	ASG	Y	MOA				
1306898036	0326	032625	11	1	99395 25			297.00	0.00	0.00	0.00	CO-45	215.66	0.00
						REM: N521 N286 N381						CO-16	81.34	
1306898036	0326	032625	11	1	G0136 33			34.80	0.00	0.00	0.00	CO-45	22.66	0.00
						REM: N286 N381						CO-16	12.14	
1306898036	0326	032625	11	1	36415			20.00	0.00	0.00	0.00	CO-97	20.00	0.00
						REM: M15								
1306898036	0326	032625	11	1	99401 33			65.00	0.00	0.00	0.00	CO-45	40.50	0.00
						REM: N521 N286 N381						CO-16	24.50	
1306898036	0326	032625	11	1	G0447 XU			65.00	0.00	0.00	0.00	CO-8	65.00	0.00
						REM: N95								
1306898036	0326	032625	11	1	96127 XU			40.00	0.00	0.00	0.00	CO-45	37.02	0.00
						REM: N521 N286 N381						CO-16	2.98	
1306898036	0326	032625	11	1	96160 XU			5.30	0.00	0.00	0.00	CO-45	3.38	0.00
						REM: N521 N286 N381						CO-16	1.92	
1306898036	0326	032625	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	0326	032625	11	1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		527.10	0.00	0.00	0.00		527.10	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE:	00074671													
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
	3	527.10	0.00	0.00	0.00	527.10	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for



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CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-8 The procedure code is inconsistent with the provider type / specialty (taxonomy).
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
M15 Separately billed services / tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
N286 Missing / incomplete / invalid referring provider primary identifier.
N381 Consult our contractual agreement for restrictions / billing / payment information related to these charges.
N521 Mismatch between the submitted provider information and the provider information stored in our system.
N95 This provider type / provider specialty may not bill this service.

