

BCBSM []  
600 E LAFAYETTE  
DETROIT, MI 482262998  
(800)282-4548

REMITTANCE  
ADVICE

TIMOTHY J TOBOLIC MD PLLC  
  
BYRON CENTER, MI 493156928

NPI #: 1982923660  
PAGE #: 1 of 3  
DATE: 2025-04-16  
EFT #: 742111424  
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME HULL, BRYAN J					HIC	NSS922540157	ACNT	5756LMD642		ICN	26251017143400710	ASG Y	MOA	
1306898036	0409	040925	11	1	99214	25		219.00	143.12	71.56	0.00	CO-203	71.56	0.00
REM: N172												CO-45	75.88	
1306898036	0409	040925	11	1	99401	33		65.00	61.25	0.00	0.00	CO-144	4.60	56.65
												CO-45	3.75	
1306898036	0409	040925	11	1	G0447	XU		65.00	0.00	0.00	0.00	PR-204	65.00	0.00
1306898036	0409	040925	11	1	G0446	XU		61.88	0.00	0.00	0.00	PR-204	61.88	0.00
1306898036	0409	040925	11	1	0513F			0.00	0.00	0.00	0.00			0.00
1306898036	0409	040925	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0409	040925	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0409	040925	11	1	3077F			0.00	0.00	0.00	0.00			0.00
1306898036	0409	040925	11	1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP		198.44	CLAIM TOTALS					410.88	204.37	71.56	0.00		282.67	56.65
ADJ TO TOTAL: PREV PD								0.00	LATE FILING	CHARGE		0.00	NET	56.65

NAME EMPEROR, JAMES B				HIC MMJ891541530 ACNT 5657LMD642				ICN 27250993901200710				ASG Y	MOA		
INSURED NAME: EMPEROR, ERIN E															
1306898036	0404	040425	11	1	99213	25		146.00	98.69	78.69	0.00	CO-45	47.31	0.00	
												PR-3	20.00		
1306898036	0404	040425	11	1	96127	XU		40.00	7.46	0.00	0.00	CO-144	0.56	6.90	
												CO-45	32.54		
1306898036	0404	040425	11	1	81003			33.60	2.25	2.25	0.00	CO-45	31.35	0.00	
1306898036	0404	040425	11	1	3074F			0.00	0.00	0.00	0.00				
1306898036	0404	040425	11	1	3078F			0.00	0.00	0.00	0.00				
1306898036	0404	040425	11	1	1036F			0.00	0.00	0.00	0.00				
1306898036	0404	040425	11	1	G8510			0.00	0.00	0.00	0.00				
1306898036	0404	040425	11	1	3008F			0.00	0.00	0.00	0.00				
1306898036	0404	040425	11	1	2001F			0.00	0.00	0.00	0.00				
1306898036	0404	040425	11	1	2000F			0.00	0.00	0.00	0.00				
1306898036	0404	040425	11	1	1000F			0.00	0.00	0.00	0.00				
1306898036	0404	040425	11	1	1159F			0.00	0.00	0.00	0.00				
1306898036	0404	040425	11	1	1160F			0.00	0.00	0.00	0.00				
PT RESP		100.94		CLAIM TOTALS				219.60	108.40	80.94	0.00			131.76	6.90
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	6.90	
STATUS CODE 1: Processed as Primary															

NAME FLIER, JOSHUA J		HIC MMJ922515349 ACNT 5697LMD642				ICN 27250993899700710		ASG Y	MOA
INSURED NAME: FLIER, AMANDA A									
1306898036 0407 040725 12		1 98966	25.00	18.10	0.00	0.00	CO-144	1.36	16.74
							CO-45	6.90	
PT RESP 0.00		CLAIM TOTALS		25.00	18.10	0.00	0.00	8.26	16.74
ADJ TO TOTAL: PREV PD			INTEREST 0.00	LATE FILING CHARGE			0.00	NET	16.74
STATUS CODE 1: Processed as Primary									

NAME JACKSON, AUSTIN S				HIC MMJ919190666 ACNT		5692LMD642		ICN 27250993896700710		ASG Y	MOA			
1013940584	0407	040725	11	1	99214	25	219.00	143.12	0.00	0.00	CO-144	10.74	107.38	
												CO-45	75.88	
												PR-3	25.00	
1013940584	0407	040725	11	1	36415		20.00	5.00	0.00	0.00	CO-144	0.38	4.62	
												CO-45	15.00	
1013940584	0407	040725	11	1	3075F		0.00	0.00	0.00	0.00			0.00	
1013940584	0407	040725	11	1	3079F		0.00	0.00	0.00	0.00			0.00	
1013940584	0407	040725	11	1	3008F		0.00	0.00	0.00	0.00			0.00	
1013940584	0407	040725	11	1	2001F		0.00	0.00	0.00	0.00			0.00	
1013940584	0407	040725	11	1	2000F		0.00	0.00	0.00	0.00			0.00	
1013940584	0407	040725	11	1	1000F		0.00	0.00	0.00	0.00			0.00	
1013940584	0407	040725	11	1	1159F		0.00	0.00	0.00	0.00			0.00	
1013940584	0407	040725	11	1	1160F		0.00	0.00	0.00	0.00			0.00	
PT RESP		25.00	CLAIM TOTALS				239.00	148.12	0.00	0.00		127.00	112.00	
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE			0.00	NET	112.00		
STATUS CODE 1: Processed as Primary														



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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD	
NAME DAMOOSE, LYNDIA L				HIC MZO893196534 ACNT 5654LMD642				ICN 26250977492700710 ASG Y				MOA			
INSURED NAME: DAMOOSE, RYAN T															
1306898036	0404	040425	11	1	82043	QW		14.70	4.34	0.00	0.00	CO-45	10.36	4.34	
1306898036	0404	040425	11	1	82570	QW		17.85	3.89	0.00	0.00	CO-45	13.96	3.89	
1306898036	0404	040425	11	1	3060F			0.00	0.00	0.00	0.00			0.00	
PT RESP				0.00	CLAIM TOTALS				32.55	8.23	0.00	0.00	24.32	8.23	
ADJ TO TOTAL: PREV PD					INTEREST				0.00	LATE FILING CHARGE				0.00	NET 8.23
STATUS CODE 1: Processed as Primary															

NAME DAMOOSE, LYNDIA L				HIC MZO893196534 ACNT 5653LMD642				ICN 26250977518600710 ASG Y				MOA			
INSURED NAME: DAMOOSE, RYAN T															
1306898036	0404	040425	11	1	99213	25		146.00	98.69	0.00	0.00	CO-144	7.40	71.29	
												CO-45	47.31		
												PR-3	20.00		
1306898036	0404	040425	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62	
												CO-45	15.00		
1306898036	0404	040425	11	1	3074F			0.00	0.00	0.00	0.00			0.00	
1306898036	0404	040425	11	1	3078F			0.00	0.00	0.00	0.00			0.00	
1306898036	0404	040425	11	1	1036F			0.00	0.00	0.00	0.00			0.00	
1306898036	0404	040425	11	1	3008F			0.00	0.00	0.00	0.00			0.00	
1306898036	0404	040425	11	1	2001F			0.00	0.00	0.00	0.00			0.00	
1306898036	0404	040425	11	1	2000F			0.00	0.00	0.00	0.00			0.00	
1306898036	0404	040425	11	1	1000F			0.00	0.00	0.00	0.00			0.00	
1306898036	0404	040425	11	1	1159F			0.00	0.00	0.00	0.00			0.00	
1306898036	0404	040425	11	1	1160F			0.00	0.00	0.00	0.00			0.00	
PT RESP				20.00	CLAIM TOTALS				166.00	103.69	0.00	0.00	90.09	75.91	
ADJ TO TOTAL: PREV PD					INTEREST				0.00	LATE FILING CHARGE				0.00	NET 75.91
STATUS CODE 1: Processed as Primary															

NAME DAMOOSE, LYNDIA L				HIC MZO893196534 ACNT 2610LMD642				ICN 28242905547200710 ASG Y				MOA			
INSURED NAME: DAMOOSE, RYAN T															
1306898036	0508	050824	11	1	99214	25		-248.84	0.00	0.00	0.00	CO-144	-11.66	-143.90	
												CO-45	-93.28		
1306898036	0508	050824	11	1	83036	QW		-60.90	0.00	0.00	0.00	CO-45	-46.19	-14.71	
1306898036	0508	050824	11	1	85610	QW		0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	90460			-31.98	0.00	0.00	0.00	CO-6	-31.98	0.00	
REM: N129															
1306898036	0508	050824	11	1	90715			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	G8427			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	3075F			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	3078F			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	3044F			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	2000F			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	1000F			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	1159F			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	1160F			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	3008F			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	3077F			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	2001F			0.00	0.00	0.00	0.00			0.00	
PT RESP				0.00	CLAIM TOTALS				-341.72	0.00	0.00	0.00	-183.11	-158.61	
ADJ TO TOTAL: PREV PD					INTEREST				0.00	LATE FILING CHARGE				0.00	NET -158.61
STATUS CODE 22: Reversal of Previous Payment															



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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD	
NAME DAMOOSE, LYNDA L				HIC MZO893196534 ACNT 2610LMD642				ICN 28242905547202710 ASG Y MOA							
INSURED NAME: DAMOOSE, RYAN T															
1306898036	0508	050824	11	1	99214	25		248.84	155.56	0.00	0.00	CO-144	11.66	123.90	
													CO-45	93.28	
													PR-3	20.00	
1306898036	0508	050824	11	1	83036	QW		60.90	14.71	0.00	0.00	CO-45	46.19	14.71	
1306898036	0508	050824	11	1	85610	QW		21.00	4.29	0.00	0.00	CO-45	16.71	4.29	
1306898036	0508	050824	11	1	90460			31.98	0.00	0.00	0.00	CO-6	31.98	0.00	
REM: N129															
1306898036	0508	050824	11	1	90715			87.00	39.82	0.00	0.00	CO-45	47.18	39.82	
1306898036	0508	050824	11	1	G8427			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	3075F			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	3078F			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	3044F			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	2000F			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	1000F			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	1159F			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	1160F			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	3008F			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	3077F			0.00	0.00	0.00	0.00			0.00	
1306898036	0508	050824	11	1	2001F			0.00	0.00	0.00	0.00			0.00	
PT RESP	20.00					CLAIM TOTALS		449.72	214.38	0.00	0.00		267.00	182.72	
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	182.72	
STATUS CODE 1: Processed as Primary															

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	8	1201.03	805.29	152.50	0.00	747.99	300.54	0.00	300.54

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-144 Incentive adjustment, e.g. preferred product / service.

CO-203 Discontinued or reduced service.

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-6 The procedure / revenue code is inconsistent with the patient's age.

N129 Not eligible due to the patient's age.

N172 The patient is not liable for the denied / adjusted charge(s) for receiving any updated service / item.

PR-1 Deductible Amount

PR-204 This service / equipment / drug is not covered under the patient's current benefit plan

PR-3 Co-payment Amount

