

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 1  
 DATE: 2025-04-23  
 EFT #: 742178070  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VANDAM, CHERYL			HIC R51054808		ACNT 5567LMD642		ICN 26251070106600710			ASG Y	MOA	
INSURED NAME: VAN DAM JR, HENRY												
1306898036	0331	033125	11	1	G0439		361.00	119.41	0.00	0.00	OA-23	0.00
1306898036	0331	033125	11	1	99397 25		341.00	155.01	0.00	0.00	CO-45	155.01
1306898036	0331	033125	11	1	99497 33		132.00	0.00	0.00	0.00	OA-23	0.00
REM: N30 N130												
1306898036	0331	033125	11	1	G2211		25.00	0.00	0.00	0.00	OA-136	0.00
1306898036	0331	033125	11	1	90677		330.00	292.08	0.00	0.00	OA-23	0.00
1306898036	0331	033125	11	1	G0009		50.00	31.95	0.00	0.00	OA-23	0.00
1306898036	0331	033125	11	1	82570 QW		17.85	5.08	0.00	0.00	OA-23	0.00
1306898036	0331	033125	11	1	82043 QW		14.70	5.66	0.00	0.00	OA-23	0.00
1306898036	0331	033125	11	1	G0447 XU		65.00	30.32	0.00	0.00	OA-23	0.00
1306898036	0331	033125	11	1	99401 33		65.00	61.25	0.00	0.00	CO-45	61.25
1306898036	0331	033125	11	1	G0446 XU		61.88	30.32	0.00	0.00	OA-23	0.00
1306898036	0331	033125	11	1	G0442 XU		30.00	15.90	0.00	0.00	OA-23	0.00
1306898036	0331	033125	11	1	G0444 XU		29.45	15.90	0.00	0.00	OA-23	0.00
1306898036	0331	033125	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0331	033125	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0331	033125	11	1	1036F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00	CLAIM TOTALS					1522.88	762.88	0.00	0.00	1306.62	216.26
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE	0.00	NET	216.26
STATUS CODE 2: Processed as Secondary												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	1522.88	762.88	0.00	0.00	1306.62	216.26	0.00	216.26

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
 CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
 N130 Consult plan benefit documents / guidelines for information about restrictions for this service.  
 N30 Patient ineligible for this service.  
 OA-136 Claim adjusted based on failure to follow prior payer's coverage rules. (Use Group Code OA).  
 OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

