

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 2
DATE: 2025-08-15
EFT #: 790195436
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CROSS, RHONDA			HIC X3LM66254154		ACNT	7615LMD642	ICN 26252069332200710		ASG Y	MOA		
1306898036	0723	072325	11	1	99214	25	219.00	120.84	0.00	0.00	CO-253	118.42
											2.42	
											98.16	
1306898036	0723	072325	11	1	36415		20.00	0.00	0.00	0.00	CO-45	0.00
											20.00	
REM: MA63												
1306898036	0723	072325	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-253	30.32
											34.06	
1306898036	0723	072325	11	1	99401	25	65.00	0.00	0.00	0.00	CO-16	0.00
											65.00	
REM: M53												
1306898036	0723	072325	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	11	1	1036F		0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0723	072325	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP 0.00												
CLAIM TOTALS							369.00	151.78	0.00	0.00	220.26	148.74
ADJ TO TOTAL: PREV PD											0.00	148.74
INTEREST							0.00				NET	
STATUS CODE 1: Processed as Primary												

NAME FRANSENS, JAMES O			HIC X3LM68819009		ACNT	7828LMD642	ICN 26252188696900710		ASG Y	MOA		
1013940584	0721	072125	11	1	36415		20.00	9.09	0.00	0.00	CO-253	4.45
											0.09	
											10.91	
											4.55	
PT RESP 4.55											15.55	4.45
CLAIM TOTALS							20.00	9.09	0.00	0.00		
ADJ TO TOTAL: PREV PD											0.00	4.45
INTEREST							0.00				NET	
STATUS CODE 1: Processed as Primary												

NAME KITLER, DAVID W			HIC X3L910052465		ACNT	7633LMD642	ICN 26252069332000710		ASG Y	MOA		
1013940584	0724	072425	11	1	99214	25	295.00	120.84	0.00	0.00	CO-253	118.42
											2.42	
											174.16	
1013940584	0724	072425	11	2	29580	50	228.00	0.00	0.00	0.00	CO-16	0.00
											228.00	
REM: M53												
1013940584	0724	072425	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	14.95
											9.74	
1013940584	0724	072425	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0724	072425	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP 0.00												
CLAIM TOTALS							548.00	136.10	0.00	0.00	414.63	133.37
ADJ TO TOTAL: PREV PD											0.00	133.37
INTEREST							0.00				NET	
STATUS CODE 1: Processed as Primary												



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD	
NAME KITLER, DAVID W				HIC	X3L910052465	ACNT	7761LMD642	ICN 26252188698600710		ASG	Y	MOA			
1013940584	0801	080125	11	1	99214			219.00	120.84	0.00	0.00	CO-253	2.42	118.42	
												CO-45	98.16		
1013940584	0801	080125	11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95	
												CO-45	9.74		
1013940584	0801	080125	11	1	3074F			0.00	0.00	0.00	0.00				0.00
1013940584	0801	080125	11	1	3078F			0.00	0.00	0.00	0.00				0.00
1013940584	0801	080125	11	1	3008F			0.00	0.00	0.00	0.00				0.00
1013940584	0801	080125	11	1	2001F			0.00	0.00	0.00	0.00				0.00
1013940584	0801	080125	11	1	2000F			0.00	0.00	0.00	0.00				0.00
1013940584	0801	080125	11	1	1000F			0.00	0.00	0.00	0.00				0.00
1013940584	0801	080125	11	1	1159F			0.00	0.00	0.00	0.00				0.00
1013940584	0801	080125	11	1	1160F			0.00	0.00	0.00	0.00				0.00
PT RESP	0.00			CLAIM TOTALS				244.00	136.10	0.00	0.00		110.63	133.37	
ADJ TO TOTAL: PREV PD						INTEREST		0.00	LATE FILING CHARGE			0.00	NET	133.37	
STATUS CODE 1: Processed as Primary															

NAME LAMBRIGHT, LAURAL D				HIC	X3LM61594418	ACNT	7547LMD642	ICN 26252046471800710		ASG	Y	MOA		
1013940584	0721	072125	11	1	G0439			361.00	121.85	0.00	0.00	CO-253	2.44	119.41
												CO-45	239.15	
1013940584	0721	072125	11	1	99214	25		219.00	120.84	0.00	0.00	CO-253	2.42	118.42
												CO-45	98.16	
1013940584	0721	072125	11	1	99497	33		155.32	77.66	0.00	0.00	CO-253	1.55	76.11
												CO-45	77.66	
1013940584	0721	072125	11	1	99401	25		65.00	0.00	0.00	0.00	CO-16	65.00	0.00
						REM: M53								
1013940584	0721	072125	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-253	0.62	30.32
												CO-45	34.06	
1013940584	0721	072125	11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
												CO-45	9.74	
1013940584	0721	072125	11	1	G0442	XU		30.00	16.22	0.00	0.00	CO-253	0.32	15.90
												CO-45	13.78	
1013940584	0721	072125	11	1	G0444	XU		29.45	0.00	0.00	0.00	CO-96	29.45	0.00
						REM: N115								
1013940584	0721	072125	11	1	G0136	33		65.00	17.40	0.00	0.00	CO-253	0.35	17.05
												CO-45	47.60	
1013940584	0721	072125	11	1	3074F			0.00	0.00	0.00	0.00			
1013940584	0721	072125	11	1	3079F			0.00	0.00	0.00	0.00			
1013940584	0721	072125	11	1	G8476			0.00	0.00	0.00	0.00			
1013940584	0721	072125	11	1	G9622			0.00	0.00	0.00	0.00			
1013940584	0721	072125	11	1	G8510			0.00	0.00	0.00	0.00			
PT RESP	0.00			CLAIM	TOTALS			1014.77	400.17	0.00	0.00		622.61	392.16
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	392.16
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
	5	2195.77	833.24	0.00	0.00	1383.68	812.09	0.00	812.09

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-253 Sequestration - reduction in federal spending

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

CO-96 Non-covered charge(s).

M53 Missing / incomplete / invalid days or units of service.

MA63 Missing / incomplete / invalid principal diagnosis.

N115 This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD).An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd>, or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.

PR-3 Co-payment Amount

