

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: 2025-05-23
EFT #: 1191163009
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
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: 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: 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: 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: 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					
PLAN TYPE: 00047540									LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 22: Reversal of Previous Payment												

NAME	Sottovia, Stefanie L		HIC	996214753	ACNT	5488LMD642				ICN 606115902301	ASG Y MOA	
1306898036	0326	032625	11	1	99395	25	297.00	0.00	0.00	0.00	CO-45	215.66 81.34
						REM: N381						
1306898036	0326	032625	11	1	G0136	33	34.80	0.00	0.00	0.00	CO-45	22.66 12.14
						REM: N381						
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-189	65.00 0.00
						REM: N657						
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 2.98
						REM: N381						
1306898036	0326	032625	11	1	96160	XU	5.30	0.00	0.00	0.00	CO-45	3.38 1.92
						REM: N381						
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		428.72 98.38
ADJ TO TOTAL: PREV PD						INTEREST	0.00				0.00	NET 98.38
PLAN TYPE: 00047540												
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:		PLB REASON CODE	FCN/OTHER IDENTIFIER		HIC		AMOUNT		
Claim transmission fee amount (AH)			1191163009				1.96		
TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	0.00	0.00	0.00	0.00	-98.38	96.42	1.96	96.42

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-189 "Not otherwise classified" or "unlisted" procedure code (CPT / HCPCS) was billed when there is a specific procedure code for this procedure / service
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



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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.

N657 This should be billed with the appropriate code for these services.

N95 This provider type / provider specialty may not bill this service.

