

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES []
P.O. BOX 30479
LANSING, MI 48909

REMITTANCE
ADVICE

TIMOTHY TOBOLIC, MD, PLLC [CV0012104]
7740 BYRON CENTER AVE SW

TAX ID #: 272620668
PAGE #: 1 of 2
DATE: 2025-03-26
CHECK #: 108501018

BYRON CENTER, MI 493156928

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	CRISMAN, HAROLD J				HIC 0000995344	ACNT 4615LMD642			ICN 322506510027547000	ASG Y	MOA MA114 N219	
1306898036	0204	020425	11	1	G0439		361.00	0.00	0.00	0.00	OA-23	361.00 0.00
					REM: N131 MA125							
1306898036	0204	020425	11	1	99214 25		241.68	94.59	0.00	0.00	CO-45	10.36 94.59
					REM: N442 MA125						OA-23	136.73
1306898036	0204	020425	11	1	G3002		156.72	0.00	0.00	0.00	CO-16	156.72 0.00
					REM: N799 N56							
1306898036	0204	020425	11	1	99497 33		132.00	0.00	0.00	0.00	OA-18	132.00 0.00
					REM: N522							
1306898036	0204	020425	11	1	G2211		25.00	3.05	0.00	0.00	OA-23	21.95 3.05
					REM: N131 MA125							
1306898036	0204	020425	11	1	G0442 XU		43.00	0.00	0.00	0.00	CO-16	43.00 0.00
					REM: N56 N522							
1306898036	0204	020425	11	1	36415		20.00	0.00	0.00	0.00	OA-23	20.00 0.00
					REM: N131 MA125							
1306898036	0204	020425	11	1	82043 QW		14.70	0.00	0.00	0.00	OA-23	14.70 0.00
					REM: N131 MA125							
1306898036	0204	020425	11	1	82570 QW		17.85	0.00	0.00	0.00	OA-23	17.85 0.00
					REM: N131 MA125							
1306898036	0204	020425	11	1	G9622		0.00	0.00	0.00	0.00		0.00
					REM: N522							
1306898036	0204	020425	11	1	G8510		0.00	0.00	0.00	0.00		0.00
					REM: N522							
1306898036	0204	020425	11	1	G8427		0.00	0.00	0.00	0.00		0.00
					REM: N522							
PT RESP	0.00				CLAIM TOTALS		1011.95	97.64	0.00	0.00		914.31 97.64
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 97.64
STATUS CODE 2: Processed as Secondary												

NAME	PERALES, VINCENT				HIC 0097391730	ACNT 5271LMD642			ICN 312507610235561000	ASG Y	MOA	
1306898036	0314	031425	11	1	99213		146.00	78.28	0.00	0.00	CO-45	67.72 78.28
					REM: N442							
1306898036	0314	031425	11	1	3079F		0.00	0.00	0.00	0.00		0.00
1306898036	0314	031425	11	1	3074F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		146.00	78.28	0.00	0.00		67.72 78.28
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 78.28
STATUS CODE 1: Processed as Primary												

NAME	RILEY, KEAGEN				HIC 0022201897	ACNT 5364LMD642			ICN 312507810733335000	ASG Y	MOA	
1306898036	0318	031825	11	1	99395 25		297.00	0.00	0.00	0.00	CO-24	297.00 0.00
					REM: N442							
1306898036	0318	031825	11	1	G0136		34.80	0.00	0.00	0.00	CO-24	34.80 0.00
1306898036	0318	031825	11	1	G0447 XU		0.00	0.00	0.00	0.00		0.00
					REM: N56 N799 N65							
1306898036	0318	031825	11	1	36415		20.00	0.00	0.00	0.00	CO-24	20.00 0.00
1306898036	0318	031825	11	1	99401 XU		0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	11	1	96127 XU		40.00	0.00	0.00	0.00	CO-24	40.00 0.00
1306898036	0318	031825	11	1	96160 XU		5.30	0.00	0.00	0.00	CO-24	5.30 0.00
					REM: N129							
1306898036	0318	031825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0318	031825	11	1	G9622		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		397.10	0.00	0.00	0.00		397.10 0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 4: Denied												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	1555.05	175.92	0.00	0.00	1379.13	175.92	0.00	175.92

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-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.



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CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
MA114 Missing / incomplete / invalid information on where the services were furnished.
MA125 Per legislation governing this program, payment constitutes payment in full.
N129 Not eligible due to the patient's age.
N131 Total payments under multiple contracts cannot exceed the allowance for this service.
N219 Payment based on previous payer's allowed amount.
N442 Payment based on an alternate fee schedule.
N522 Duplicate of a claim processed as a crossover claim.
N56 Procedure code billed is not correct / valid for the services billed or the date of service billed.
N65 Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service / provider.
N799 Submitted identifier must be an individual identifier, not group identifier.
OA-18 Duplicate claim / service.
OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

