

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 3  
DATE: 2025-08-08  
EFT #: 1202862902  
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	WEBSTER, BRANDON J	HIC	993241200	ACNT	6604LMD642	ICN	606263523001	ASG	Y	MOA				
1306898036	0523	052325	11	1	99213	25		146.00	0.00	0.00	0.00	CO-45	87.42	58.58
							REM: N381							
1306898036	0523	052325	11	1	G0447	XU		65.00	0.00	0.00	0.00	CO-8	65.00	0.00
							REM: N95							
1306898036	0523	052325	11	1	99401	25		65.00	0.00	0.00	0.00	CO-45	40.50	24.50
							REM: N381							
1306898036	0523	052325	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		276.00	0.00	0.00	0.00		192.92	83.08
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	83.08
PLAN TYPE: 00035960														
STATUS CODE 1: Processed as Primary														

NAME	WEBSTER, BRANDON J	HIC	993241200	ACNT	6604LMD642	ICN	606263523000	ASG	Y	MOA				
1306898036	0523	052325	11	1	99213	25		-146.00	0.00	0.00	0.00	CO-45	-87.42	0.00
							REM: N286 N381					CO-16	-58.58	
1306898036	0523	052325	11	1	G0447	XU		-65.00	0.00	0.00	0.00	CO-8	-65.00	0.00
							REM: N95							
1306898036	0523	052325	11	1	99401	25		-65.00	0.00	0.00	0.00	CO-45	-40.50	0.00
							REM: N521 N286 N381					CO-16	-24.50	
1306898036	0523	052325	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0523	052325	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		-276.00	0.00	0.00	0.00		-276.00	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE: 00035960														
STATUS CODE 22: Reversal of Previous Payment														

NAME	WEBSTER, BRANDON J	HIC	993241200	ACNT	5659LMD642	ICN	606130669702	ASG	Y	MOA				
1306898036	0404	040425	11	1	99213	25		146.00	0.00	0.00	0.00	CO-45	87.42	58.58
							REM: N381							
1306898036	0404	040425	11	1	36415			20.00	0.00	0.00	0.00	CO-97	20.00	0.00
							REM: M15							
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	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	0.00					CLAIM TOTALS		166.00	0.00	0.00	0.00		107.42	58.58
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	58.58
PLAN TYPE: 00035960														
STATUS CODE 1: Processed as Primary														



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ADVICE

DATE: 2025-08-08

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	WEBSTER, BRANDON J					HIC 993241200	ACNT 5659LMD642			ICN 606130669701		ASG Y MOA		
1306898036	0404	040425	11	1	99213			-146.00	0.00	0.00	0.00	CO-45	-87.42	0.00
						REM: N521 N286 N381						CO-16	-58.58	
1306898036	0404	040425	11	1	36415			-20.00	0.00	0.00	0.00	CO-97	-20.00	0.00
						REM: M15								
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	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	0.00					CLAIM TOTALS		-166.00	0.00	0.00	0.00		-166.00	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE:	00035960													
STATUS CODE 22:	Reversal of Previous Payment													

NAME	Sottovia, Stefanie L					HIC 996214753	ACNT 6918LMD642			ICN 606333531300		ASG Y MOA		
1306898036	0611	061125	11	1	99214 25			-219.00	0.00	0.00	0.00	CO-45	-136.57	0.00
						REM: N286 N381						CO-16	-82.43	
1306898036	0611	061125	11	1	G0447 XU			-65.00	0.00	0.00	0.00	CO-8	-65.00	0.00
						REM: N95								
1306898036	0611	061125	11	1	99401 25			-65.00	0.00	0.00	0.00	CO-45	-40.50	0.00
						REM: N286 N381						CO-16	-24.50	
1306898036	0611	061125	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		-349.00	0.00	0.00	0.00		-349.00	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE:	00035960													
STATUS CODE 22:	Reversal of Previous Payment													

NAME	Sottovia, Stefanie L					HIC 996214753	ACNT 6918LMD642			ICN 606333531301		ASG Y MOA		
1306898036	0611	061125	11	1	99214 25			219.00	0.00	0.00	0.00	CO-45	136.57	82.43
						REM: N381								
1306898036	0611	061125	11	1	G0447 XU			65.00	0.00	0.00	0.00	CO-8	65.00	0.00
						REM: N95								
1306898036	0611	061125	11	1	99401 25			65.00	0.00	0.00	0.00	CO-45	40.50	24.50
						REM: N381								
1306898036	0611	061125	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0611	061125	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		349.00	0.00	0.00	0.00		242.07	106.93
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	106.93
PLAN TYPE:	00035960													
STATUS CODE 1:	Processed as Primary													

NAME	WEBSTER, BRANDON J					HIC 993241200	ACNT 6987LMD642			ICN 606336513000		ASG Y MOA		
1306898036	0616	061625	11	1	99213			-146.00	0.00	0.00	0.00	CO-45	-87.42	0.00
						REM: N521 N286 N381						CO-16	-58.58	
1306898036	0616	061625	11	1	G8476			0.00	0.00	0.00	0.00			0.00
1306898036	0616	061625	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0616	061625	11	1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		-146.00	0.00	0.00	0.00		-146.00	0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
PLAN TYPE:	00035960													
STATUS CODE 22:	Reversal of Previous Payment													



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ADVICE

DATE: 2025-08-08

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WEBSTER, BRANDON J					HIC 993241200	ACNT 6987LMD642				ICN 606336513001	ASG Y MOA	
1306898036	0616	061625	11	1	99213		146.00	0.00	0.00	0.00	CO-45	58.58
REM: N381												
1306898036	0616	061625	11	1	G8476		0.00	0.00	0.00	0.00		0.00
1306898036	0616	061625	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0616	061625	11	1	3078F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		146.00	0.00	0.00	0.00		58.58
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	58.58
PLAN TYPE: 00035960											NET	
STATUS CODE 1: Processed as Primary												

NAME Rader, Mattia M					HIC 993074841	ACNT 7010LMD642				ICN 606336513200	ASG Y MOA	
1013940584	0617	061725	11	1	99214		-219.00	0.00	0.00	0.00	CO-45	0.00
REM: N521 N286 N381												
1013940584	0617	061725	11	1	3078F		0.00	0.00	0.00	0.00	CO-16	0.00
1013940584	0617	061725	11	1	3074F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		-219.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
PLAN TYPE: 00035960											NET	
STATUS CODE 22: Reversal of Previous Payment												

NAME Rader, Mattia M					HIC 993074841	ACNT 7010LMD642				ICN 606336513201	ASG Y MOA	
1013940584	0617	061725	11	1	99214		219.00	0.00	0.00	0.00	CO-45	0.00
REM: N286 N381												
1013940584	0617	061725	11	1	3078F		0.00	0.00	0.00	0.00	CO-16	0.00
1013940584	0617	061725	11	1	3074F		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		219.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
PLAN TYPE: 00035960											NET	
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Claim transmission fee amount (AH)		1202862902		6.11

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	10	0.00	0.00	0.00	0.00	-307.17	301.06	6.11	301.06

## 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-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 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.

N521 Mismatch between the submitted provider information and the provider information stored in our system.

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

