

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 1  
 DATE: 2025-03-05  
 NONPAY #: 263059692  
 TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BARKHUFF, JEFFERY E					HIC 992770270	ACNT 4679LMD642				ICN 605961370900	ASG Y MOA	
1013940584	0110	011025	11	1	99215		295.00	0.00	0.00	0.00	CO-45 179.55	0.00
						REM: N521 N286 N381					CO-16 115.45	
1013940584	0110	011025	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0110	011025	11	1	1159F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00			CLAIM TOTALS		295.00	0.00	0.00	0.00	295.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
PLAN TYPE: 00074763											NET	
STATUS CODE 1: Processed as Primary												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	295.00	0.00	0.00	0.00	295.00	0.00	0.00	0.00

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.  
 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.

