

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 3
DATE: 2025-06-04
EFT #: 509865559
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME FULLER, JAIDE A				HIC MIGM61689067 ACNT				6595LMD642	ICN 26251464130300710		ASG Y	MOA		
INSURED NAME: MAHLICH, CAMERON A														
1013940584	0424	042425	11	1	99214	25		219.00	143.12	0.00	0.00	CO-144	10.74	112.38
												CO-45	75.88	
												PR-3	20.00	
1013940584	0424	042425	11	1	81025			21.00	8.61	0.00	0.00	CO-45	12.39	8.61
1013940584	0424	042425	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	20.00						CLAIM TOTALS	240.00	151.73	0.00	0.00		119.01	120.99
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	120.99
STATUS CODE 1: Processed as Primary														

NAME FULLER, JAIDE A				HIC MIGM61689067 ACNT				6594LMD642	ICN 26251464143600710		ASG Y	MOA		
INSURED NAME: MAHLICH, CAMERON A														
1013940584	0522	052225	11	1	99214	25		219.00	143.12	0.00	0.00	CO-144	10.74	112.38
												CO-45	75.88	
												PR-3	20.00	
1013940584	0522	052225	11	1	81025			21.00	8.61	0.00	0.00	CO-45	12.39	8.61
1013940584	0522	052225	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0522	052225	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0522	052225	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0522	052225	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0522	052225	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0522	052225	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	20.00						CLAIM TOTALS	240.00	151.73	0.00	0.00		119.01	120.99
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	120.99
STATUS CODE 1: Processed as Primary														

NAME CHICKLON, THOMAS A				HIC FTQAN5901536 ACNT				6564LMD642	ICN 27251431375300710		ASG Y	MOA		
1306898036	0521	052125	11	1	99214	25		219.00	143.12	143.12	0.00	CO-45	75.88	0.00
1306898036	0521	052125	11	1	G0446	XU		65.00	40.48	0.00	0.00	CO-144	3.04	37.44
												CO-45	24.52	
1306898036	0521	052125	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0521	052125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0521	052125	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0521	052125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0521	052125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0521	052125	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0521	052125	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0521	052125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0521	052125	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	143.12						CLAIM TOTALS	284.00	183.60	143.12	0.00		103.44	37.44
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	37.44
STATUS CODE 1: Processed as Primary														

NAME FARMER, STEPHANI K				HIC FTQAN5901486 ACNT				6452LMD642	ICN 27251421319300710		ASG Y	MOA		
1013940584	0515	051525	11	1	99214			219.00	143.12	0.00	28.62	CO-144	10.74	103.76
												CO-45	75.88	
1013940584	0515	051525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	28.62						CLAIM TOTALS	219.00	143.12	0.00	28.62		86.62	103.76
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	103.76
STATUS CODE 1: Processed as Primary														



BCBSM			REMITTANCE
NPI #:	1982923660	TIMOTHY J TOBOLIC MD PLLC	ADVICE
EFT #:	509865559	PAGE #: 2 of 3	DATE: 2025-06-04

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME RUIZ, ELIA				HIC UAL821796007 ACNT 6450LMD642				ICN 27251421319200710 ASG Y				MOA		
INSURED NAME: RUIZ, BYRON														
1013940584	0515	051525	11	1	99214	25		219.00	143.12	0.00	0.00	CO-144	5.36	41.20
													CO-203	71.56
													CO-45	75.88
													PR-3	25.00
1013940584	0515	051525	11	1	99401	25		65.00	61.25	0.00	0.00	CO-144	4.60	56.65
													CO-45	3.75
1013940584	0515	051525	11	1	G0447	XU		65.00	40.48	0.00	0.00	CO-144	3.04	37.44
													CO-45	24.52
1013940584	0515	051525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	25.00				CLAIM TOTALS			349.00	244.85	0.00	0.00		213.71	135.29
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	135.29
STATUS CODE 1: Processed as Primary														

NAME BULTENA, JULIE A				HIC M60106734 ACNT 3839LMD642				ICN 26251501049700710 ASG Y				MOA		
1306898036	1230	123024	11	1	99213			146.00	17.50	0.00	0.00	OA-23	128.50	17.50
1306898036	1230	123024	11	1	G2211			25.00	3.20	0.00	0.00	OA-23	21.80	3.20
1306898036	1230	123024	11	1	G8417			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			171.00	20.70	0.00	0.00		150.30	20.70
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	20.70
STATUS CODE 2: Processed as Secondary														

NAME HILBERT, KENNETH W				HIC 891926457 ACNT 6311LMD642				ICN 26251501049800710 ASG Y				MOA		
1013940584	0512	051225	11	1	99213	25		146.00	17.13	0.00	0.00	OA-23	128.87	17.13
1013940584	0512	051225	11	1	G2211			25.00	0.00	0.00	0.00	OA-136	25.00	0.00
1013940584	0512	051225	11	1	2000F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS			171.00	17.13	0.00	0.00		153.87	17.13
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	17.13
STATUS CODE 2: Processed as Secondary														

NAME PAIZ, PAUL A				HIC V8CEB0050114 ACNT 6368LMD642				ICN 26251357729400710 ASG Y				MOA		
1013940584	0513	051324	11	1	99396	25		327.00	0.00	0.00	0.00	PR-26	327.00	0.00
1013940584	0513	051324	11	1	36415			20.00	0.00	0.00	0.00	PR-26	20.00	0.00
1013940584	0513	051324	11	1	G0444	XU		29.45	0.00	0.00	0.00	PR-26	29.45	0.00
1013940584	0513	051324	11	1	G0442	XU		30.00	0.00	0.00	0.00	PR-26	30.00	0.00
1013940584	0513	051324	11	1	96160	XU		5.46	0.00	0.00	0.00	PR-26	5.46	0.00
1013940584	0513	051324	11	1	G0136	33		65.00	0.00	0.00	0.00	PR-26	65.00	0.00
1013940584	0513	051324	11	1	36415			20.00	0.00	0.00	0.00	PR-26	20.00	0.00
1013940584	0513	051324	11	1	G0447	XU		65.00	0.00	0.00	0.00	PR-26	65.00	0.00
1013940584	0513	051324	11	1	G0446	XU		65.00	0.00	0.00	0.00	PR-26	65.00	0.00
1013940584	0513	051324	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051324	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051324	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051324	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051324	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051324	11	1	2010F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051324	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0513	051324	11	1	3075F			0.00	0.00	0.00	0.00			0.00
PT RESP	626.91				CLAIM TOTALS			626.91	0.00	0.00	0.00		626.91	0.00
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 4: Denied														



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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME SCHIERBEEK, LUANNE		HIC MSR916515303 ACNT		3682LMD642		ICN 26251008619800710		ASG Y		MOA N152				
1013940584	1218	121824	11	1	99396	25		-327.00	0.00	0.00	0.00	PI-16	-327.00	0.00
REM: N152														
1013940584	1218	121824	11	1	36415			-15.00	0.00	0.00	0.00	PI-16	-15.00	0.00
REM: N152														
1013940584	1218	121824	11	1	96127	XU		-40.00	0.00	0.00	0.00	PI-16	-40.00	0.00
REM: N152														
1013940584	1218	121824	11	1	96127	XU		-40.00	0.00	0.00	0.00	PI-16	-40.00	0.00
REM: N152														
1013940584	1218	121824	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		-422.00	0.00	0.00	0.00		-422.00	0.00
ADJ TO TOTAL: PREV PD								0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 22: Reversal of Previous Payment														

NAME SCHIERBEEK, LUANNE		HIC MSR916515303 ACNT		3682LMD642		ICN 26251008619802710		ASG Y		MOA				
1013940584	1218	121824	11	1	99396	25		327.00	0.00	0.00	0.00	OA-18	327.00	0.00
1013940584	1218	121824	11	1	36415			15.00	0.00	0.00	0.00	OA-18	15.00	0.00
1013940584	1218	121824	11	1	96127	XU		40.00	0.00	0.00	0.00	OA-18	40.00	0.00
1013940584	1218	121824	11	1	96127	XU		40.00	0.00	0.00	0.00	OA-18	40.00	0.00
1013940584	1218	121824	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		422.00	0.00	0.00	0.00		422.00	0.00
ADJ TO TOTAL: PREV PD								0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

NAME SCHIERBEEK, LUANNE		HIC MSR916515303 ACNT		3682LMD642		ICN 26251464131100710		ASG Y		MOA				
1013940584	1218	121824	11	1	99396	25		327.00	0.00	0.00	0.00	OA-18	327.00	0.00
1013940584	1218	121824	11	1	36415			15.00	0.00	0.00	0.00	OA-18	15.00	0.00
1013940584	1218	121824	11	1	96127	XU		40.00	0.00	0.00	0.00	OA-18	40.00	0.00
1013940584	1218	121824	11	1	96127	XU		40.00	0.00	0.00	0.00	OA-18	40.00	0.00
1013940584	1218	121824	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	1218	121824	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		422.00	0.00	0.00	0.00		422.00	0.00
ADJ TO TOTAL: PREV PD								0.00		LATE FILING CHARGE		0.00	NET	0.00
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
	11	2722.91	912.86	143.12	28.62	1994.87	556.30	0.00	556.30

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-144 Incentive adjustment, e.g. preferred product / service.

CO-203 Discontinued or reduced service.

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

N152 Missing / incomplete / invalid replacement claim information.

N172 The patient is not liable for the denied / adjusted charge(s) for receiving any updated service / item.

OA-136 Claim adjusted based on failure to follow prior payer's coverage rules. (Use Group Code OA).

OA-18 Duplicate claim / service.

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

PI-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

PR-1 Deductible Amount

PR-2 Coinsurance Amount

PR-26 Expenses incurred prior to coverage.

PR-3 Co-payment Amount

