TOBOLIC TIMOTHY MD
7740 BYRON CENTER AVENUE

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-08-12
EFT #: 1203247732
TAX ID #: 272620668

	SERV DATE	POS	NOS	PROC	. MOI)S	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PI
NAME WEBST	ER, JOSAIH D)	HIC	99324	1483	ACN	T 6990LMD642			063394398		Y MOA	
1306898036	0616 061625	11	1	99394	25		-289.00	0.00	0.00	0.00	CO-45	-208.61	0.0
					REM:	N521	N286 N381				CO-16	-80.39	
1306898036	0616 061625	11	1	G0136	33		-65.00	0.00	0.00	0.00	CO-45	-52.86	0.0
					REM:	N521	N286 N381				CO-16	-12.14	
1306898036	0616 061625	11	1	G8476			0.00	0.00	0.00	0.00			0.0
1306898036	0616 061625	11	1	G8420			0.00	0.00	0.00	0.00			0.0
1306898036	0616 061625	11	1	G8427			0.00	0.00	0.00	0.00			0.0
PT RESP	0.00			CLAIM	TOTALS	3	-354.00	0.00	0.00	0.00		-354.00	0.0
ADJ TO TOT	AL: PREV PD				INTE	EREST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
PLAN TYPE:	00068336												
	E 22: Revers	al o	f Pre	evious	Paymer	ıt							
					11.100					060004000			
	ER, JOSAIH D			99324		ACN	T 6990LMD642			063394398			00.0
1306898036	0616 061625	11	1	99394		***	289.00	0.00	0.00	0.00	CO-45	208.61	80.3
			_		REM:	N381							
1306898036	0616 061625	11	1	G0136			65.00	0.00	0.00	0.00	CO-45	52.86	12.1
			_		REM:	N381							
	0616 061625			G8476			0.00	0.00	0.00	0.00			0.0
	0616 061625			G8420			0.00	0.00	0.00	0.00			0.0
	0616 061625	11	1	G8427			0.00	0.00	0.00	0.00			0.0
PT RESP	0.00			CLAIM	TOTALS	3	354.00	0.00	0.00	0.00		261.47	92.5
ADJ TO TOT	AL: PREV PD				INTE	EREST	0.00	LATE	FILING	CHARGE	0.00	NET	92.53
PLAN TYPE:	00068336												
STATUS COD	E 1: Process	ed a	s Pri	imary									
MAME WEBST	ER, GRACE C		штс	2 99324	11507	A C'N	T 7051LMD642		TCN 6	063394399	00 ASG	Y MOA	
	0618 061825	11		99212	11307	HCI	-87.00	0.00	0.00	0.00	CO-45	-50.79	0.00
1300030030	0010 001023	- 11	_	JJZ12	рги.	NE 21	N286 N381	0.00	0.00	0.00	CO-16	-36.21	0.0
1206000026	0618 061825	11	1	3074F	Kini.	NJZI	0.00	0.00	0.00	0.00	CO-10	-30.21	0.0
	0618 061825			G8420			0.00	0.00	0.00	0.00			0.0
	0618 061825			3078F			0.00	0.00	0.00	0.00			0.0
PT RESP	0.00			CLAIM	momat c		-87.00	0.00	0.00	0.00		-87.00	0.0
				CLAIM							0 00		
	AL: PREV PD				INTE	REST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
PLAN TYPE:		-1 -	£ D		D								
STATUS COD	E 22: Revers	ат о	I Pre	evious	Paymer	ıt							
NAME WEBST	ER, GRACE C		HIC	99324	1507	ACN	T 7051LMD642		ICN 6	063394399	01 ASG	Y MOA	
1306898036	0618 061825	11	1	99212			87.00	0.00	0.00	0.00	CO-45	50.79	36.2
					REM:	N381							
1306898036	0618 061825	11	1	3074F			0.00	0.00	0.00	0.00			0.0
1306898036	0618 061825	11	1	G8420			0.00	0.00	0.00	0.00			0.0
	0618 061825			3078F			0.00	0.00	0.00	0.00			0.0
PT RESP	0.00		_	CLAIM	TOTALS	3	87.00	0.00	0.00	0.00		50.79	36.2
	AL: PREV PD					REST	0.00		FILING		0.00	NET	36.21
PLAN TYPE:							*****						
	E 1: Process	e he	e Dri	marv									
DIMIOD COD	I I. IIOCCBB	cu u	5 113	Linar y									
MAME MEDOR	ER, GRACE C			99324	1507	ACN	T 6863LMD642			063134256			
	0609 060925	11	1	99213	D=14	NT 01	-146.00	0.00	0.00	0.00	CO-45	-87.42	0.0
			_	G8476	KEM:	иэ∠т	N286 N381	0 00	0 00	0 00	CO-16	-58.58	^ ^
1306898036	0600 06000	- 1 -					0.00	0.00	0.00	0.00			0.0
L306898036 L306898036	0609 060925												• •
1306898036 1306898036 1306898036	0609 060925			G8420		_	0.00	0.00	0.00	0.00			
1306898036 1306898036 1306898036 PT RESP	0609 060925 0.00						0.00 -146.00	0.00	0.00	0.00		-146.00	0.0
1306898036 1306898036 1306898036 PT RESP	0609 060925 0.00 AL: PREV PD			G8420		S EREST	0.00	0.00		0.00	0.00	-146.00 NET	0.00 0.00

Blue Cross Complete of Michigan

NPI #: 1982923660 TOBOLIC TIMOTHY MD ADVICE EFT #: 1203247732 PAGE #: 2 of 2 DATE: 2025-08-12

REND PROV SERV DATE POS NOS PROC MODS BILLED ALLOWED DEDUCT COINS GRP/RC-AMT PROV PD HIC 993241507 NAME WEBSTER, GRACE C ACNT 6863LMD642 ICN 606313425601 ASG Y MOA 1306898036 0609 060925 11 0.00 0.00 87.42 1 99213 146.00 0.00 CO-45 58.58 REM: N381 1306898036 0609 060925 11 1 G8476 0.00 0.00 0.00 0.00 0.00 1306898036 0609 060925 11 1 G8420 0.00 0.00 0.00 0.00 0.00 PT RESP 0.00 CLAIM TOTALS 146.00 0.00 0.00 0.00 87.42 58.58 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 58.58 PLAN TYPE: 00068336 STATUS CODE 1: Processed as Primary NAME WEBSTER, BRANDON J HIC 993241200 ACNT 7218LMD642 ICN 606406958600 ASG Y MOA 1306898036 0630 063025 11 1 99396 25 327.00 0.00 0.00 0.00 CO-6 327.00 0.00 1306898036 0630 063025 11 1 G2211 0.00 0.00 CO-16 25.00 25.00 0.00 0.00 REM: N519 1 82043 QW 0.00 0.00 1306898036 0630 063025 11 14.70 0.00 CO-45 9.92 0.00 REM: N327 N381 CO-16 4.78 1306898036 0630 063025 11 1 82570 QW 0.00 0.00 0.00 CO-45 13.56 0.00 REM: N327 N381 CO-16 4.29 1306898036 0630 063025 11 1 96127 XU 40.00 0.00 0.00 0.00 CO-45 37.02 0.00 REM: N327 N381 CO-16 2.98 1306898036 0630 063025 11 1 96127 XU 40.00 0.00 0.00 0.00 CO-45 37.02 0.00 REM: N521 N327 N381 CO-16 2.98 1306898036 0630 063025 11 1 G0447 XU 0.00 0.00 65.00 0.00 CO-8 65.00 0.00 REM: N95 1306898036 0630 063025 11 1 G0136 33 34.80 0.00 0.00 0.00 CO-45 22.66 0.00 REM: N521 N327 N381 CO-16 12.14 1306898036 0630 063025 11 1 G8427 0.00 0.00 0.00 0.00 0.00 1306898036 0630 063025 11 1 G8510 0.00 0.00 0.00 0.00 0.00 1306898036 0630 063025 11 1 G8476 0.00 0.00 0.00 0.00 0.00 1306898036 0630 063025 11 1 3075F 0.00 0.00 0.00 0.00 0.00 1306898036 0630 063025 11 1 G9622 0.00 0.00 0.00 0.00 0.00 1306898036 0630 063025 11 1 G8417 0.00 0.00 0.00 0.00 0.00 1306898036 0630 063025 11 1 3078F 0.00 0.00 0.00 0.00 0.00 1306898036 0630 063025 11 1 1036F 0.00 0.00 0.00 0.00 0.00 1306898036 0630 063025 11 1 3061F 0.00 0.00 0.00 0.00 0.00 PT RESP 0.00 CLAIM TOTALS 564.35 0.00 0.00 0.00 564.35 0.00 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00 PLAN TYPE: 00068336 STATUS CODE 1: Processed as Primary PROVIDER ADJ DETAILS: PLB REASON CODE FCN/OTHER IDENTIFIER HIC AMOUNT

PROVIDER ADJ DETAILS: PLB REASON CODE FCN/OTHER IDENTIFIER HIC AMOUNT
Claim transmission fee amount (AH) 1203247732 3.73

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	7	564.35	0.00	0.00	0.00	377.03	183.59	3.73	183.59

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-6 The procedure / revenue code is inconsistent with the patient's age.

CO-8 The procedure code is inconsistent with the provider type / specialty (taxonomy).

N286 Missing / incomplete / invalid referring provider primary identifier.

N327 Missing / incomplete / invalid other insured birth date.

N381 Consult our contractual agreement for restrictions / billing / payment information related to these

charges.

N519 Invalid combination of HCPCS modifiers.

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.



REMITTANCE