BCBSM [] 600 E LAFAYETTE DETROIT, MI 482262998 (800)282-4548

TIMOTHY J TOBOLIC MD PLLC

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-03-28
EFT #: 790078666
TAX ID #: 272620668

BYRON CENTER, MI 493156928

DEND DDOU	debit	D3.000	DOG	MOG	DDO	a wona	DILLED	ATT OWED	DEDUCE	COTNE	GDD /DG 33	.em	DDOM DD
REND PROV				NOS	PRO		BILLED		DEDUCT	COINS	GRP/RC-A		PROV PD
NAME DIEKE	-					68226190 ACNT				26250791086			
1013940584	0314	031425	11	1	99214	25	219.00	120.84	0.00	0.00	CO-253	2.42	118.42
				_							CO-45	98.16	
1013940584					G0446	XU	30.00	30.00	0.00	0.00	CO-253	0.60	29.40
1013940584	0314	031425	11	1	G2211	DEN 143.63	25.00	0.00	0.00	0.00	CO-16	25.00	0.00
1012040504	0214	001405		-	00406	REM: MA63	02.00	0.00	0 00	0.00	go 06	02.00	0.00
1013940584	0314	031425	тт		99406	DEN: 3111E	23.00	0.00	0.00	0.00	CO-96	23.00	0.00
1013040504	0214	021425	11	-	20748	REM: N115	0.00	0 00	0 00	0.00			0.00
1013940584					3074F		0.00	0.00	0.00				0.00
1013940584					3078F 3008F		0.00 0.00	0.00	0.00	0.00			0.00
1013940584 1013940584					2001F		0.00	0.00 0.00	0.00				0.00
1013940584					2001F		0.00	0.00	0.00	0.00			0.00
1013940584					1000F		0.00	0.00		0.00			0.00
1013940584					1159F		0.00	0.00	0.00	0.00			0.00
1013940584					1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.0			_		TOTALS	297.00	150.84	0.00	0.00		149.18	147.82
ADJ TO TOT.					CLAIM	INTEREST	0.00		FILING		0.00	NET	147.82
STATUS COD			- h	a Dr	mart	INIEKESI	0.00	LAIE	FILLING	CHARGE	0.00	MET	147.02
SIAIUS COD	ь т. г	Locessi	eu a	S FI.	шату								
NAME KITLE	7 A G	ZTD W		нтс	7 X3T.9	10052465 ACNT	5284T.MD64	2	TCN 1	26250771268	3200710 ASC	G Y MOA	
1013940584	-		11		99214		241.68	120.84	0.00	0.00	CO-253	2.42	118.42
1013710301	0307	030723		-	JJ211	23	211.00	120.01	0.00	0.00	CO-45	120.84	110.12
1013940584	0307	030725	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	0.31	14.95
1013710301	0307	030723		-	GZZII		23.00	13.20	0.00	0.00	CO-45	9.74	11.75
1013940584	0307	030725	11	1	99406	33	23.00	0.00	0.00	0.00	CO-146	23.00	0.00
1013710301	0307	030723		-	JJ 100	REM: M76	23.00	0.00	0.00	0.00	CO 110	23.00	0.00
1013940584	0307	030725	11	1	3075F	кши. и/о	0.00	0.00	0.00	0.00			0.00
1013940584					3078F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.0			_		TOTALS	289.68	136.10	0.00	0.00		156.31	133.37
ADJ TO TOT.					C	INTEREST	0.00		FILING		0.00	NET	133.37
STATUS COD			ed a	s Pr	imarv	11(111111111111111111111111111111111111	0.00		1111110	CIMINOL	0.00	1121	100.07
5111105 005			- u										
NAME KITLE	R, DAV	/ID W		HIC	2 X3L9	10052465 ACNT	5281LMD64	2	ICN 2	26250771268	3300710 ASC	Y MOA	
1013940584			11		99214		219.00	120.84	0.00	0.00	CO-253	2.42	118.42
											CO-45	98.16	
1013940584	0314	031425	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	0.31	14.95
											CO-45	9.74	
1013940584	0314	031425	11	1	29580	RT	114.00	57.79	0.00	0.00	CO-253	1.16	56.63
											CO-45	56.21	
1013940584	0314	031425	11	1	3075F		0.00	0.00	0.00	0.00			0.00
1013940584	0314	031425	11	1	3078F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.0	00			CLAIM	TOTALS	358.00	193.89	0.00	0.00		168.00	190.00
ADJ TO TOT.	AL: PF	REV PD				INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	190.00
STATUS COD	E 1: E	rocess	ed a	s Pr	imary								
NAME KITLE	R, DAY	/ID W		HIC	C X3L9	10052465 ACNT	5283LMD64	2	ICN 2	26250771268	3500710 AS	G Y MOA	
1013940584	0228	022825	11	1	99214	25	219.00	120.84	0.00	0.00	CO-253	2.42	118.42
											CO-45	98.16	
1013940584	0228	022825	11	1	29580	RT	114.00	57.79	0.00	0.00	CO-253	1.16	56.63
											CO-45	56.21	
1013940584	0228	022825	11	1	99406	33	23.00	0.00	0.00	0.00	CO-146	23.00	0.00
						REM: M76							
1013940584	0228	022825	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	0.31	14.95
											CO-45	9.74	
1013940584	0228	022825	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1013940584	0228	022825	11	1	3074F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.0	00			CLAIM	TOTALS	381.00	193.89	0.00	0.00		191.00	190.00
ADJ TO TOT	AL: PF	REV PD				INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	190.00
STATUS COD	E 1: E	Process	ed a	s Pr	imary								



BCBSM REMITTANCE

NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC ADVICE EFT #: 790078666 PAGE #: 2 of 2 DATE: 2025-03-28

REND PROV	SERV DATE	POS	NOS	PROC	C MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PD
NAME KITL	ER, DAVID W		HIC	C X3L91	L0052465	ACNT	5282LMD64	42	ICN 2	26250771268	3900710 AS	GY MOA	•
101394058	4 0221 0221	25 11	1	99214	25		219.00	120.84	0.00	0.00	CO-253	2.42	118.42
											CO-45	98.16	
101394058	4 0221 0221	25 11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
											CO-45	9.74	
101394058	4 0221 0221	25 11	1	99406	33		23.00	0.00	0.00	0.00	CO-146	23.00	0.00
					REM: M'	76							
101394058	4 0221 0221	25 11	1	29580	RT		114.00	57.79	0.00	0.00	CO-253	1.16	56.63
											CO-45	56.21	
101394058	4 0221 0221	25 11	1	3075F			0.00	0.00	0.00	0.00			0.00
101394058	4 0221 0221	25 11	1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS		381.00	193.89	0.00	0.00		191.00	190.00
ADJ TO TO	TAL: PREV P	D			INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	190.00
STATUS CO	DE 1: Proce	ssed a	s Pr	imary									
	ER, BENJAMI	NT 177		7 V2TM4	50621275	3 (1) ITT	5356LMD64	4.2	TON 1	26250791087	7100710 30	G Y MOA	
	6 0318 0318			99214		ACNT	219.00	120.84	0.00	0.00	CO-253	G Y MOA 2.02	98.82
130669603	0 0310 0310	25 11		99214	25		219.00	120.84	0.00	0.00	CO-253	98.16	90.02
											PR-3	20.00	
12060000	6 0318 0318	OF 11	-	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
130669603	0 0310 0310	25 11		GZZII			25.00	15.26	0.00	0.00	CO-253	9.74	14.95
12060000	6 0318 0318	OF 11	-	G0447	3777		0.00	0.00	0.00	0.00	CO-45	9.74	0.00
				99401									
	6 0318 0318				ΧU		0.00	0.00	0.00	0.00			0.00
	6 0318 0318			3074F			0.00	0.00	0.00	0.00			0.00
	6 0318 0318			3078F			0.00	0.00	0.00	0.00			0.00
	6 0318 0318			3008F			0.00	0.00	0.00	0.00			0.00
	6 0318 0318			2001F			0.00	0.00	0.00	0.00			0.00
	6 0318 0318			2000F			0.00	0.00	0.00	0.00			0.00
	6 0318 0318			1000F			0.00	0.00	0.00	0.00			0.00
	6 0318 0318			1159F			0.00	0.00	0.00	0.00			0.00
	6 0318 0318	25 11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	20.00			CLAIM	TOTALS		244.00	136.10	0.00	0.00		130.23	113.77
	TAL: PREV P			_	INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	113.77
STATUS CO	DE 1: Proce	ssed a	s Pr	imary									
TOTALS:	# OF	BILLE	D	ALLO	OWED	DED	UCT	COINS	TOTAL	PROV I	 PD	PROV	CHECK
	CLAIMS	AMT		Al		AM		AMT	RC-AMT	AMT		DJ AMT	AMT

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

CO-146 Payment denied because the diagnosis was invalid for the date(s) of service reported.

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

details.

CO-253 Sequestration - reduction in federal spending

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

CO-96 Non-covered charge(s).

Missing / incomplete / invalid diagnosis or condition.
Missing / incomplete / invalid principal diagnosis. M76

MA63

This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD).An N115 LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at http://www.cms.hhs.gov / mcd, or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.

PR-3 Co-payment Amount

