

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: 2025-03-04  
EFT #: 1178312309  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME RADER, MATTIA M			HIC 993074841		ACNT 3981LMD642		ICN 605873541001			ASG Y MOA		
1013940584	0107	010725	11	1	99214		219.00	0.00	0.00	0.00	CO-45 136.99	82.01
REM: N381												
1013940584	0107	010725	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			219.00	0.00	0.00	0.00		136.99	82.01
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 82.01
PLAN TYPE: 00074738												
STATUS CODE 1: Processed as Primary												

NAME RADER, MATTIA M			HIC 993074841		ACNT 3981LMD642		ICN 605873541000			ASG Y MOA		
1013940584	0107	010725	11	1	99214		-219.00	0.00	0.00	0.00	CO-45 -136.99	0.00
REM: N521 N286 N381												
1013940584	0107	010725	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			-219.00	0.00	0.00	0.00		-219.00	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: 00074738												
STATUS CODE 22: Reversal of Previous Payment												

NAME RADER, MATTIA M			HIC 993074841		ACNT 3981LMD642		ICN 605956823600			ASG Y MOA		
1013940584	0107	010725	11	1	99214		219.00	0.00	0.00	0.00	OA-18 219.00	0.00
1013940584	0107	010725	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0107	010725	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00	CLAIM TOTALS			219.00	0.00	0.00	0.00		219.00	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET 0.00
PLAN TYPE: 00074738												
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Claim transmission fee amount (AH)		1178312309		1.63

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	219.00	0.00	0.00	0.00	136.99	80.38	1.63	80.38

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.

OA-18 Duplicate claim / service.

