

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 2
DATE: 2025-06-06
EFT #: 790138328
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BLACK, GEORGE E			HIC X3L911027138 ACNT		5738LMD642		ICN 27251016778200710		ASG Y		MOA	
1306898036	0408	040825	11	1	99213	25	146.00	85.63	0.00	0.00	CO-253	83.92
											1.71	
											60.37	
1306898036	0408	040825	11	1	99401	33	60.00	0.00	0.00	0.00	CO-16	0.00
											60.00	
1306898036	0408	040825	11	1	G2211		25.00	15.26	0.00	0.00	CO-253	14.95
											0.31	
											9.74	
1306898036	0408	040825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0408	040825	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP			0.00		CLAIM TOTALS		231.00	100.89	0.00	0.00		98.87
ADJ TO TOTAL: PREV PD					INTEREST		0.29		LATE FILING CHARGE		0.00	98.87
STATUS CODE 1: Processed as			Primary								NET	

NAME DEKOK, STEPHEN A			HIC X3LM62089582 ACNT		6591LMD642		ICN 26251467973900710		ASG Y		MOA	
1013940584	0522	052225	11	1	99214	25	219.00	0.00	0.00	0.00	CO-146	0.00
											219.00	
1013940584	0522	052225	11	1	G2211		25.00	0.00	0.00	0.00	CO-146	0.00
											25.00	
1013940584	0522	052225	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-253	30.32
											0.62	
											34.06	
1013940584	0522	052225	11	1	99401	25	65.00	0.00	0.00	0.00	CO-16	0.00
											65.00	
1013940584	0522	052225	11	1	G0446	XU	65.00	0.00	0.00	0.00	CO-96	0.00
											65.00	
1013940584	0522	052225	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0522	052225	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1013940584	0522	052225	11	1	G8476		0.00	0.00	0.00	0.00		0.00
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			0.00		CLAIM TOTALS		439.00	30.94	0.00	0.00		30.32
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	30.32
STATUS CODE 1: Processed as			Primary								NET	



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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	PARKER, BENJAMIN T				HIC	X3LM68621375 ACNT	6540LMD642		ICN	27251492264400710	ASG Y	MOA
1306898036	0520	052025	11	1	G0402		361.00	155.30	0.00	0.00	CO-253	132.59
											CO-45	2.71
											PR-3	205.70
												20.00
1306898036	0520	052025	11	1	99397	25	341.00	155.01	0.00	0.00	CO-253	151.91
											CO-45	3.10
												185.99
1306898036	0520	052025	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-253	17.05
											CO-45	0.35
												47.60
1306898036	0520	052025	11	1	90677		330.00	312.90	0.00	46.94	CO-253	260.64
											CO-45	5.32
												17.10
1306898036	0520	052025	11	1	90471		41.00	0.00	0.00	0.00	CO-181	0.00
						REM: N517						
1306898036	0520	052025	11	1	G0444	XU	91.00	0.00	0.00	0.00	CO-234	0.00
						REM: N19						
1306898036	0520	052025	11	1	G0442	XU	43.00	16.22	0.00	0.00	CO-253	15.90
											CO-45	0.32
1306898036	0520	052025	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-253	30.32
											CO-45	26.78
1306898036	0520	052025	11	1	G0446	XU	65.00	0.00	0.00	0.00	PR-119	0.00
1306898036	0520	052025	11	1	G0557		94.10	47.05	0.00	0.00	CO-253	46.11
											CO-45	0.94
												47.05
1306898036	0520	052025	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0520	052025	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0520	052025	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0520	052025	11	1	1158F		0.00	0.00	0.00	0.00		0.00
1306898036	0520	052025	11	1	1160F		0.00	0.00	0.00	0.00		0.00
1306898036	0520	052025	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0520	052025	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0520	052025	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0520	052025	11	1	3008F		0.00	0.00	0.00	0.00		0.00
PT RESP	131.94				CLAIM TOTALS		1496.10	734.82	0.00	46.94		654.52
ADJ TO TOTAL: PREV PD					INTEREST		0.00				794.64	654.52
STATUS CODE 1: Processed as Primary											NET	

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Interest Owed (L6)			-0.29

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	2166.10	866.65	0.00	46.94	1335.45	784.00	-0.29	784.00

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-181 Payment adjusted because this procedure code was invalid on the date of service

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

CO-253 Sequestration - reduction in federal spending

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

CO-96 Non-covered charge(s).

M53 Missing / incomplete / invalid days or units of service.

M76 Missing / incomplete / invalid diagnosis or condition.

N115 This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD).An 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.

N19 Procedure code incidental to primary procedure.

N517 Resubmit a new claim with the requested information.

PR-119 Benefit maximum for this time period or occurrence has been reached.

PR-2 Coinsurance Amount

PR-3 Co-payment Amount

