

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

REMITTANCE
ADVICE

TIMOTHY J TOBOLIC MD PLLC

BYRON CENTER, MI 493156928

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-06-18
EFT #: 742642319
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VANDAM, BRIAN H			HIC R51054808		ACNT 6779LMD642		ICN 28251561120800710			ASG Y	MOA	
INSURED NAME: VAN DAM JR, HENRY R												
1306898036	0604	060425	11	1	99213	25	146.00	49.35	0.00	0.00	CO-45	19.35
											PR-3	30.00
1306898036	0604	060425	11	1	G0447	XU	65.00	0.00	0.00	0.00	PR-204	0.00
1306898036	0604	060425	11	1	99401	25	65.00	61.25	0.00	0.00	CO-45	61.25
1306898036	0604	060425	11	1	3075F		0.00	0.00	0.00	0.00		0.00
1306898036	0604	060425	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0604	060425	11	1	3008F		0.00	0.00	0.00	0.00		0.00
1306898036	0604	060425	11	1	2001F		0.00	0.00	0.00	0.00		0.00
1306898036	0604	060425	11	1	2000F		0.00	0.00	0.00	0.00		0.00
1306898036	0604	060425	11	1	1000F		0.00	0.00	0.00	0.00		0.00
1306898036	0604	060425	11	1	1159F		0.00	0.00	0.00	0.00		0.00
1306898036	0604	060425	11	1	1160F		0.00	0.00	0.00	0.00		0.00
PT RESP		95.00			CLAIM TOTALS		276.00	110.60	0.00	0.00		80.60
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE			0.00
STATUS CODE 1: Processed as Primary											NET	80.60
TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK			
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT			
	1	276.00	110.60	0.00	0.00	195.40	80.60	0.00	80.60			

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
PR-204 This service / equipment / drug is not covered under the patient's current benefit plan
PR-3 Co-payment Amount

