

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 4
DATE: 2025-07-02
EFT #: 509925988
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME ADAMS, PAMELA S				HIC	XYQ893011368	ACNT	7069LMD642	ICN 26251769881900710		ASG	Y	MOA		
1013940584	0619	061925	11	1	99396	25		327.00	165.75	0.00	0.00	CO-144	12.44	153.31
												CO-45	161.25	
1013940584	0619	061925	11	1	G0136	33		34.80	30.36	30.36	0.00	CO-45	4.44	0.00
1013940584	0619	061925	11	1	Q0091	59		40.00	0.00	0.00	0.00	CO-97	40.00	0.00
REM: N19														
1013940584	0619	061925	11	1	99459			40.00	36.22	0.00	0.00	CO-144	2.71	33.51
												CO-45	3.78	
1013940584	0619	061925	11	1	G0442	XU		30.00	30.00	0.00	0.00	CO-144	2.25	27.75
1013940584	0619	061925	11	1	G0444	XU		29.45	0.00	0.00	0.00	CO-234	29.45	0.00
REM: N20														
1013940584	0619	061925	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
1013940584	0619	061925	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0619	061925	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0619	061925	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0619	061925	11	1	G9622			0.00	0.00	0.00	0.00			0.00
PT RESP	30.36				CLAIM	TOTALS		521.25	267.33	30.36	0.00		271.70	219.19
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	219.19
STATUS CODE 1: Processed as Primary														

NAME DAMSTRA, DEBRA L				HIC	MSE893355119	ACNT	7139LMD642	ICN 26251779522300710		ASG	Y	MOA		
1013940584	0624	062425	11	1	99213	25		146.00	98.69	0.00	0.00	CO-144	7.40	51.29
												CO-45	47.31	
												PR-3	40.00	
1013940584	0624	062425	11	1	G2211			25.00	0.00	0.00	0.00	CO-97	25.00	0.00
1013940584	0624	062425	11	1	G0446	XU		65.00	40.48	0.00	0.00	CO-144	3.04	37.44
												CO-45	24.52	
1013940584	0624	062425	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0624	062425	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	40.00				CLAIM	TOTALS		236.00	139.17	0.00	0.00		147.27	88.73
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	88.73
STATUS CODE 1: Processed as Primary														

NAME DAMSTRA, MICHAEL L				HIC	MSE893355119	ACNT	7079LMD642	ICN 26251769878300710				ASG	Y	MOA	
INSURED NAME: DAMSTRA, DEBRA L															
1013940584	0612	061225	11	1	99214	25		219.00	143.12	0.00	0.00	CO-144	10.74	92.38	
												CO-45	75.88		
												PR-3	40.00		
1013940584	0612	061225	11	1	73630		70.40	54.86	54.86	0.00		CO-45	15.54	0.00	
1013940584	0612	061225	11	1	3074F		0.00	0.00	0.00	0.00				0.00	
1013940584	0612	061225	11	1	3078F		0.00	0.00	0.00	0.00				0.00	
1013940584	0612	061225	11	1	3008F		0.00	0.00	0.00	0.00				0.00	
1013940584	0612	061225	11	1	2001F		0.00	0.00	0.00	0.00				0.00	
1013940584	0612	061225	11	1	2000F		0.00	0.00	0.00	0.00				0.00	
1013940584	0612	061225	11	1	1000F		0.00	0.00	0.00	0.00				0.00	
1013940584	0612	061225	11	1	1159F		0.00	0.00	0.00	0.00				0.00	
1013940584	0612	061225	11	1	1160F		0.00	0.00	0.00	0.00				0.00	
PT RESP	94.86	CLAIM TOTALS					289.40	197.98	54.86	0.00		142.16	92.38		
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING	CHARGE	0.00	NET	92.38		
STATUS CODE 1: Processed as Primary															



BCBSM			REMITTANCE
NPI #:	1982923660	TIMOTHY J TOBOLIC MD PLLC	ADVICE
EFT #:	509925988	PAGE #: 2 of 4	DATE: 2025-07-02

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME DAMSTRA, MICHAEL L HIC MSE8933355119 ACNT 7078LMD642 ICN 26251769883400710 ASG Y MOA														
INSURED NAME: DAMSTRA, DEBRA L														
1013940584	0606	060625	11	1	99214			241.68	143.12	0.00	0.00	CO-144	10.74	92.38
												CO-45	98.56	
												PR-3	40.00	
1013940584	0606	060625	11	1	G8417			0.00	0.00	0.00	0.00			0.00
1013940584	0606	060625	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0606	060625	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0606	060625	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0606	060625	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0606	060625	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0606	060625	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0606	060625	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0606	060625	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	40.00					CLAIM TOTALS		241.68	143.12	0.00	0.00		149.30	92.38
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	92.38
STATUS CODE 1: Processed as Primary														
NAME FULLER, JAIDE A HIC MIGM61689067 ACNT 6980LMD642 ICN 27251714351100710 ASG Y MOA														
INSURED NAME: MAHLICH, CAMERON A														
1013940584	0616	061625	11	1	99214 25			219.00	143.12	0.00	0.00	CO-144	10.74	112.38
												CO-45	75.88	
												PR-3	20.00	
1013940584	0616	061625	11	1	81025			21.00	8.61	8.61	0.00	CO-45	12.39	0.00
1013940584	0616	061625	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0616	061625	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0616	061625	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0616	061625	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0616	061625	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0616	061625	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	28.61					CLAIM TOTALS		240.00	151.73	8.61	0.00		119.01	112.38
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	112.38
STATUS CODE 1: Processed as Primary														
NAME BURCHARDT, BENJAMIN P HIC XXP961173574 ACNT 6908LMD642 ICN 27251704863300710 ASG Y MOA														
1013940584	0611	061125	11	1	99384 25			277.00	177.81	0.00	0.00	CO-144	13.34	164.47
												CO-45	99.19	
1013940584	0611	061125	11	1	96127 XU			40.00	7.46	0.00	0.00	CO-144	0.56	6.90
												CO-45	32.54	
1013940584	0611	061125	11	1	90460			41.00	31.92	0.00	0.00	CO-144	2.40	29.52
												CO-45	9.08	
1013940584	0611	061125	11	1	90651			345.00	302.56	0.00	0.00	CO-45	42.44	302.56
1013940584	0611	061125	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1013940584	0611	061125	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0611	061125	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM TOTALS		703.00	519.75	0.00	0.00		199.55	503.45
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	503.45
STATUS CODE 1: Processed as Primary														
NAME OLNEY, NAN HIC 890844943 ACNT 6787LMD642 ICN 26251752085700710 ASG Y MOA														
INSURED NAME: OLNEY, KENNETH														
1306898036	0604	060425	11	1	99214			219.00	120.84	0.00	0.00	OA-23	194.83	4.17
												PR-3	20.00	
1306898036	0604	060425	11	1	G2211			25.00	0.00	0.00	0.00	CO-97	3.05	0.00
												OA-23	21.95	
1306898036	0604	060425	11	1	G0447 XU			65.00	0.00	0.00	0.00	OA-23	65.00	0.00
					REM: N19									
1306898036	0604	060425	11	1	99401 25			65.00	0.00	0.00	0.00	PR-204	65.00	0.00
1306898036	0604	060425	11	1	2000F			0.00	0.00	0.00	0.00			0.00
PT RESP	85.00					CLAIM TOTALS		374.00	120.84	0.00	0.00		369.83	4.17
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	4.17
STATUS CODE 2: Processed as Secondary														



BCBSM			REMITTANCE
NPI #:	1982923660	TIMOTHY J TOBOLIC MD PLLC	ADVICE
EFT #:	509925988	PAGE #: 3 of 4	DATE: 2025-07-02

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME DAMSTRA, DEREK M				HIC MSE924400786		ACNT	6944LMD642	ICN 26251718256600710				ASG Y	MOA	
1013940584	0612	061225	11	1	99213	25		146.00	0.00	0.00	0.00	PR-27	146.00	0.00
1013940584	0612	061225	11	1	G0446	XU		65.00	0.00	0.00	0.00	PR-27	65.00	0.00
1013940584	0612	061225	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0612	061225	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0612	061225	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1013940584	0612	061225	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0612	061225	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0612	061225	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0612	061225	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0612	061225	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0612	061225	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP 211.00				CLAIM TOTALS				211.00	0.00	0.00	0.00		211.00	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

NAME STUTZMAN, JOSHUA A				HIC XYQM64162523		ACNT	6979LMD642	ICN 27251714178600710				ASG Y	MOA	
INSURED NAME: STUTZMAN, JANELLE A														
1306898036	0616	061625	11	1	99213			146.00	0.00	0.00	0.00	PR-27	146.00	0.00
1306898036	0616	061625	11	1	G8476			0.00	0.00	0.00	0.00			0.00
1306898036	0616	061625	11	1	G8427			0.00	0.00	0.00	0.00			0.00
1306898036	0616	061625	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0616	061625	11	1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP 146.00				CLAIM TOTALS				146.00	0.00	0.00	0.00		146.00	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

NAME MCCLUSKEY, MICHAEL T				HIC PAS827399320		ACNT	7037LMD642	ICN 26251716526100710				ASG Y	MOA	
1306898036	0618	061825	11	1	99213	25		146.00	98.69	98.69	0.00	CO-45	47.31	0.00
1306898036	0618	061825	11	1	82043	QW		14.70	4.34	4.34	0.00	CO-45	10.36	0.00
1306898036	0618	061825	11	1	82570	QW		17.85	3.89	3.89	0.00	CO-45	13.96	0.00
1306898036	0618	061825	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0618	061825	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0618	061825	11	1	G8420			0.00	0.00	0.00	0.00			0.00
1306898036	0618	061825	11	1	1036F			0.00	0.00	0.00	0.00			0.00
PT RESP 106.92				CLAIM TOTALS				178.55	106.92	106.92	0.00		71.63	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

NAME MUNDWILER, BRITTANY N				HIC E8D812756851		ACNT	6296LMD642	ICN 26251716652200710				ASG Y	MOA	
1306898036	0509	050925	11	1	99213	25		171.26	98.69	98.69	0.00	CO-45	72.57	0.00
1306898036	0509	050925	11	1	G2211			30.52	0.00	0.00	0.00	CO-97	30.52	0.00
1306898036	0509	050925	11	1	96372			26.50	15.35	15.35	0.00	CO-45	11.15	0.00
1306898036	0509	050925	11	1	G0447	XU		65.00	0.00	0.00	0.00	CO-97	65.00	0.00
REM: N20														
1306898036	0509	050925	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	11	1	1036F			0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	11	1	2010F			0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	11	1	1003F			0.00	0.00	0.00	0.00			0.00
1306898036	0509	050925	11	1	1220F			0.00	0.00	0.00	0.00			0.00
PT RESP 114.04				CLAIM TOTALS				293.28	114.04	114.04	0.00		179.24	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary														



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME HOFSTRA, BRUCE D					HIC	NEI801060609	ACNT	6575LMD642	ICN 27251490483800710			ASG Y	MOA	
1013940584	0417	041725	11	1	99213	25		146.00	98.69	49.35	0.00	CO-203	49.34	0.00
REM: N172														
1013940584	0417	041725	11	1	82043	QW		14.70	4.34	4.34	0.00	CO-45	47.31	0.00
1013940584	0417	041725	11	1	82570	QW		17.85	3.89	3.89	0.00	CO-45	10.36	0.00
1013940584	0417	041725	11	1	G0447	XU		65.00	0.00	0.00	0.00	PR-204	13.96	0.00
REM: N130														
1013940584	0417	041725	11	1	G0446	XU		65.00	0.00	0.00	0.00	PR-204	65.00	0.00
1013940584	0417	041725	11	1	99401	25		65.00	0.00	0.00	0.00	PR-204	65.00	0.00
REM: N130														
1013940584	0417	041725	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0417	041725	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0417	041725	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0417	041725	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0417	041725	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0417	041725	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0417	041725	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0417	041725	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0417	041725	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	252.58			CLAIM	TOTALS			373.55	106.92	57.58	0.00		315.97	0.00
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE			0.00	NET	0.00
STATUS CODE 1: Processed as Primary														

NAME BESTEMAN, SETH A				HIC	BWW2506720400	ACNT	6922LMD642	ICN 27251701240200710				ASG Y	MOA	
1013940584	0611	061125	11	1	99214		219.00	143.12	143.12	0.00	CO-45	75.88	0.00	
1013940584	0611	061125	11	1	3074F		0.00	0.00	0.00	0.00			0.00	
1013940584	0611	061125	11	1	3078F		0.00	0.00	0.00	0.00			0.00	
PT RESP	143.12				CLAIM TOTALS		219.00	143.12	143.12	0.00		75.88	0.00	
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	0.00	
STATUS CODE 1: Processed as Primary														

NAME VANTUINEN, ALLISON		HIC	DDF899W13964	ACNT	6906LMD642	ICN 27251704862800710		ASG Y	MOA			
1013940584	0417	041725	11	1	99203	210.54	134.95	134.95	0.00	CO-45	75.59	0.00
PT RESP	134.95	CLAIM TOTALS				210.54	134.95	134.95	0.00		75.59	0.00
ADJ TO TOTAL: PREV PD				INTEREST		0.00	LATE FILING CHARGE			0.00	NET	0.00
STATUS CODE 1: Processed as Primary												

NAME SCHIERBEEK, LUANNE				HIC	MSR916515303	ACNT	7083LMD642	ICN 26251769879900710				ASG Y	MOA	
1013940584	0619	061925	11	1	99215	25	295.00	192.08	192.08	0.00	CO-45	102.92	0.00	
1013940584	0619	061925	11	1	G0444	XU	29.45	29.45	29.45	0.00			0.00	
1013940584	0619	061925	11	1	G8420		0.00	0.00	0.00	0.00			0.00	
1013940584	0619	061925	11	1	3074F		0.00	0.00	0.00	0.00			0.00	
1013940584	0619	061925	11	1	3078F		0.00	0.00	0.00	0.00			0.00	
1013940584	0619	061925	11	1	1036F		0.00	0.00	0.00	0.00			0.00	
1013940584	0619	061925	11	1	G8510		0.00	0.00	0.00	0.00			0.00	
1013940584	0619	061925	11	1	3008F		0.00	0.00	0.00	0.00			0.00	
1013940584	0619	061925	11	1	2001F		0.00	0.00	0.00	0.00			0.00	
1013940584	0619	061925	11	1	2000F		0.00	0.00	0.00	0.00			0.00	
1013940584	0619	061925	11	1	1000F		0.00	0.00	0.00	0.00			0.00	
1013940584	0619	061925	11	1	1159F		0.00	0.00	0.00	0.00			0.00	
1013940584	0619	061925	11	1	1160F		0.00	0.00	0.00	0.00			0.00	
PT RESP	221.53			CLAIM TOTALS			324.45	221.53	221.53	0.00		102.92	0.00	
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET	0.00	
STATUS CODE 1: Processed as Primary														

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	15	4561.70	2367.40	871.97	0.00	2577.05	1112.68	0.00	1112.68

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

CO-144 Incentive adjustment, e.g. preferred product / service.

CO-203 Discontinued or reduced service.

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

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

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

N130 Consult plan benefit documents / guidelines for information about restrictions for this service.

N172 The patient is not liable for the denied / adjusted charge(s) for receiving any updated service / item.

N19 Procedure code incidental to primary procedure.

N20 Service not payable with other service rendered on the same date.

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or adjustments

PR-1 Deductible Amount

PR-204 This service / equipment / drug is not covered under the patient's current benefit plan

PR-27 Expenses incurred after coverage terminated.

PR-3 Co-payment Amount

