

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 3
DATE: 2025-04-30
EFT #: 742228241
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME SINCLAIR, KIM F			HIC NSS891444944 ACNT			5896LMD642		ICN 27251081517000710 ASG Y			MOA	
INSURED NAME: SINCLAIR, LINDA K												
1013940584	0416	041625	11	1	99215 25	295.00	192.08	0.00	0.00	CO-144	7.20	
REM: N172									CO-203	96.04	58.84	
									CO-45	102.92		
									PR-3	30.00		
1013940584	0416	041625	11	1	82043 QW	14.70	4.34	0.00	0.00	CO-45	10.36	4.34
1013940584	0416	041625	11	1	82570 QW	17.85	3.89	0.00	0.00	CO-45	13.96	3.89
1013940584	0416	041625	11	1	G0446 XU	61.88	0.00	0.00	0.00	PR-204	61.88	0.00
1013940584	0416	041625	11	1	G0447 XU	0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	99401 25	0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	3075F	0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	3078F	0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	3060F	0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	3008F	0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	2001F	0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	2000F	0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	1000F	0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	1159F	0.00	0.00	0.00	0.00			0.00
1013940584	0416	041625	11	1	1160F	0.00	0.00	0.00	0.00			0.00
PT RESP	91.88	CLAIM TOTALS				389.43	200.31	0.00	0.00		322.36	67.07
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	NET	67.07
STATUS CODE 1: Processed as Primary												
NAME TUREK, ERIK			HIC MJE921837983 ACNT			5907LMD642		ICN 27251110904300710 ASG Y			MOA	
1306898036	0417	041725	11	1	90471	41.00	33.29	0.00	0.00	CO-144	2.50	30.79
									CO-45	7.71		
PT RESP	0.00	CLAIM TOTALS				41.00	33.29	0.00	0.00		10.21	30.79
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	NET	30.79
STATUS CODE 1: Processed as Primary												
NAME LICATA, CARMELO			HIC HHJM69511445 ACNT			2484LMD642		ICN 26242840420300710 ASG Y			MOA	
1306898036	1008	100824	11	1	99396	-327.00	0.00	0.00	0.00	CO-144	-12.44	-153.31
									CO-45	-161.25		
1306898036	1008	100824	11	1	36415	-15.00	0.00	0.00	0.00	CO-144	-0.38	-4.62
									CO-45	-10.00		
1306898036	1008	100824	11	1	G0444 XU	-91.00	0.00	0.00	0.00	PI-97	-91.00	0.00
1306898036	1008	100824	11	1	G0442 XU	-43.00	0.00	0.00	0.00	CO-144	-2.28	-28.08
									CO-45	-12.64		
1306898036	1008	100824	11	1	82043	-14.70	0.00	0.00	0.00	CO-45	-10.36	0.00
									PR-3	-4.34		
1306898036	1008	100824	11	1	82570	-17.85	0.00	0.00	0.00	CO-45	-13.96	0.00
									PR-3	-3.89		
1306898036	1008	100824	11	1	3075F	0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	3078F	0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	0513F	0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	2001F	0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	3008F	0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	1160F	0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	G9622	0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	2000F	0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	G8510	-40.00	0.00	0.00	0.00	PR-246	-40.00	0.00
1306898036	1008	100824	11	1	1159F	0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	1000F	0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	3060F	0.00	0.00	0.00	0.00			0.00
PT RESP	0.00	CLAIM TOTALS				-548.55	0.00	0.00	0.00		-362.54	-186.01
ADJ TO TOTAL: PREV PD			INTEREST			0.00	LATE FILING CHARGE			0.00	NET	-186.01
STATUS CODE 22: Reversal of Previous Payment												



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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME LICATA, CARMELO						HIC HHJM69511445	ACNT	2484LMD642			ICN 26242840420302710	ASG Y	MOA	
1306898036	1008	100824	11	1	99396			327.00	165.75	0.00	0.00	CO-144	12.44	153.31
1306898036	1008	100824	11	1	36415			15.00	5.00	0.00	0.00	CO-45	161.25	
												CO-144	0.38	4.62
												CO-45	10.00	
1306898036	1008	100824	11	1	G0444	XU		91.00	0.00	0.00	0.00	PI-97	91.00	0.00
1306898036	1008	100824	11	1	G0442	XU		43.00	30.36	0.00	0.00	CO-144	2.28	28.08
												CO-45	12.64	
1306898036	1008	100824	11	1	82043	QW		14.70	4.34	0.00	0.00	CO-45	10.36	0.00
												PR-3	4.34	
1306898036	1008	100824	11	1	82570	QW		17.85	3.89	0.00	0.00	CO-45	13.96	0.00
												PR-3	3.89	
1306898036	1008	100824	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	0513F			0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	1008	100824	11	1	3060F			0.00	0.00	0.00	0.00			0.00
PT RESP	8.23				CLAIM	TOTALS		508.55	209.34	0.00	0.00		322.54	186.01
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	186.01
STATUS CODE 1: Processed as Primary														

NAME NSHIME, NOLAN						HIC AKM913377495	ACNT	5371LMD642			ICN 27251081513900710	ASG Y	MOA	
INSURED NAME: NSHIME, BERTIL														
1013940584	0318	031825	11	1	99383			268.00	0.00	0.00	0.00	CO-119	268.00	0.00
							REM: N416							
1013940584	0318	031825	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0318	031825	11	1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		268.00	0.00	0.00	0.00		268.00	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 NSHIME, NOLAN						HIC AKM913377495	ACNT	5131LMD642			ICN 27251081514000710	ASG Y	MOA	
INSURED NAME: NSHIME, BERTIL														
1013940584	0306	030625	11	1	99213			146.00	98.69	98.69	0.00	CO-45	47.31	0.00
1013940584	0306	030625	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0306	030625	11	1	3078F			0.00	0.00	0.00	0.00			0.00
PT RESP	98.69				CLAIM	TOTALS		146.00	98.69	98.69	0.00		47.31	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 DAMOOSE, LYNDY L						HIC MZO893196534	ACNT	2610LMD642			ICN 27251110901000710	ASG Y	MOA N152	
INSURED NAME: DAMOOSE, RYAN T														
1306898036	0508	050824	11	1	99214	25		248.84	0.00	0.00	0.00	PI-16	248.84	0.00
							REM: N152							
1306898036	0508	050824	11	1	83036	QW		60.90	0.00	0.00	0.00	PI-16	60.90	0.00
							REM: N152							
1306898036	0508	050824	11	1	85610	QW		21.00	0.00	0.00	0.00	PI-16	21.00	0.00
							REM: N152							
1306898036	0508	050824	11	1	90460			31.98	0.00	0.00	0.00	PI-16	31.98	0.00
							REM: N152							
1306898036	0508	050824	11	1	90715			87.00	0.00	0.00	0.00	PI-16	87.00	0.00
							REM: N152							
1306898036	0508	050824	11	1	G8427			0.00	0.00	0.00	0.00			0.00
1306898036	0508	050824	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0508	050824	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0508	050824	11	1	3044F			0.00	0.00	0.00	0.00			0.00
1306898036	0508	050824	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1306898036	0508	050824	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1306898036	0508	050824	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1306898036	0508	050824	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1306898036	0508	050824	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1306898036	0508	050824	11	1	3077F			0.00	0.00	0.00	0.00			0.00
1306898036	0508	050824	11	1	2001F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM	TOTALS		449.72	0.00	0.00	0.00		449.72	0.00
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary														



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TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	7	1254.15	541.63	98.69	0.00	1057.60	97.86	0.00	97.86

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

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

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

CO-203 Discontinued or reduced service.

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

N152 Missing / incomplete / invalid replacement claim information.

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

N416 This service is allowed 1 time in a 3-year period. (This temporary code will be deactivated on 2 / 1/09. Must be used with Reason Code 119.)

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

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

PR-1 Deductible Amount

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

PR-246 This non-payable code is for required reporting only.

PR-3 Co-payment Amount

