

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: 2025-03-19  
EFT #: 741880425  
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME CRAWFORD, AARON W				HIC		DNW890602140	ACNT	5100LMD642	ICN		26250660372500710	ASG	Y	MOA
1013940584	0304	030425	11	1	99396			327.00	165.75	0.00	0.00	CO-144	12.44	153.31
1013940584 0304 030425 11 1 99213 25 146.00 98.69 0.00 0.00 CO-45 161.25														
REM: N172 CO-144 3.70 10.65														
CO-203 49.34														
CO-45 47.31														
PR-3 35.00														
1013940584	0304	030425	11	1	82043	QW		14.70	4.34	0.00	0.00	CO-45	10.36	4.34
1013940584	0304	030425	11	1	82570	QW		17.85	3.89	0.00	0.00	CO-45	13.96	3.89
1013940584	0304	030425	11	1	G0442	XU		30.00	30.00	0.00	0.00	CO-144	2.25	27.75
1013940584	0304	030425	11	1	G0444	XU 33		29.45	0.00	0.00	0.00	CO-234	29.45	0.00
REM: N20														
1013940584	0304	030425	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0304	030425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0304	030425	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0304	030425	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0304	030425	11	1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP	35.00				CLAIM	TOTALS		565.00	302.67	0.00	0.00		365.06	199.94
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	199.94
STATUS CODE 1: Processed as Primary														

NAME THOMAS, AMY L				HIC		NSS892434153	ACNT	5086LMD642	ICN		26250660363700710	ASG	Y	MOA
INSURED NAME: THOMAS JR, HOWARD L														
1013940584	0304	030425	11	1	99386			388.00	199.26	199.26	0.00	CO-45	188.74	0.00
1013940584	0304	030425	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
CO-45 15.00														
1013940584	0304	030425	11	1	G0442	XU		30.00	30.00	0.00	0.00	CO-144	2.25	27.75
1013940584	0304	030425	11	1	G0444	XU 33		29.45	0.00	0.00	0.00	CO-234	29.45	0.00
REM: N20														
1013940584	0304	030425	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0304	030425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0304	030425	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0304	030425	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0304	030425	11	1	1036F			0.00	0.00	0.00	0.00			0.00
PT RESP	199.26				CLAIM	TOTALS		467.45	234.26	199.26	0.00		235.82	32.37
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	32.37
STATUS CODE 1: Processed as Primary														

NAME CHESEBRO, MARK A				HIC		MMJ922902815	ACNT	5088LMD642	ICN		26250660368700710	ASG	Y	MOA
INSURED NAME: CHESEBRO, KATHRYN A														
1013940584	0304	030425	11	1	99214	25		219.00	143.12	143.12	0.00	CO-45	75.88	0.00
1013940584	0304	030425	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
CO-45 15.00														
1013940584	0304	030425	11	1	82043	QW		14.70	4.34	4.34	0.00	CO-45	10.36	0.00
1013940584	0304	030425	11	1	82570	QW		17.85	3.89	3.89	0.00	CO-45	13.96	0.00
1013940584	0304	030425	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1013940584	0304	030425	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0304	030425	11	1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP	151.35				CLAIM	TOTALS		271.55	156.35	151.35	0.00		115.58	4.62
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	4.62
STATUS CODE 1: Processed as Primary														

NAME FLIER, JOSHUA J				HIC		MMJ922515349	ACNT	5161LMD642	ICN		26250700745100710	ASG	Y	MOA
INSURED NAME: FLIER, AMANDA A														
1306898036	0310	031025	11	1	98966			25.00	18.10	0.00	0.00	CO-144	1.36	16.74
CO-45 6.90														
PT RESP	0.00				CLAIM	TOTALS		25.00	18.10	0.00	0.00		8.26	16.74
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING CHARGE		0.00	NET	16.74
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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME GYSIN, ANNETTE M				HIC UGD914271666		ACNT	5207LMD642	ICN 26250720141600710		ASG	Y	MOA		
1013940584	0311	031125	11	1	99213	25		146.00	98.69	0.00	0.00	CO-144	7.40	91.29
												CO-45	47.31	
1013940584	0311	031125	11	1	G0444	XU 33		29.45	0.00	0.00	0.00	PR-204	29.45	0.00
1013940584	0311	031125	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0311	031125	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0311	031125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0311	031125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0311	031125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0311	031125	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0311	031125	11	1	1000F			0.00	0.00	0.00	0.00			0.00
1013940584	0311	031125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0311	031125	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	29.45				CLAIM	TOTALS		175.45	98.69	0.00	0.00		84.16	91.29
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	91.29
STATUS CODE 1: Processed as Primary														

NAME RITTER, JULIA M				HIC WYO892595393 ACNT 5199LMD642				ICN 26250720141400710 ASG Y				MOA	
INSURED NAME: RITTER, SUSAN M													
1306898036	0311	031125	11	1	99214		219.00	143.12	0.00	0.00	CO-144	10.74	132.38
											CO-45	75.88	
1306898036	0311	031125	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0311	031125	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0311	031125	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0311	031125	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0311	031125	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0311	031125	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00				CLAIM TOTALS		219.00	143.12	0.00	0.00		86.62	132.38
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	132.38
STATUS CODE 1: Processed as Primary													

NAME MARS, RACHEL C				HIC RGI913393419 ACNT 5157LMD642				ICN 26250700742800710 ASG Y				MOA			
INSURED NAME: MARS, SCOTT W															
1306898036	0307	030725	11	1	99396	25		327.00	165.75	0.00	0.00	CO-144	12.44	153.31	
												CO-45	161.25		
1306898036	0307	030725	11	1	96127	XU		40.00	7.46	0.00	0.00	CO-144	0.56	6.90	
												CO-45	32.54		
1306898036	0307	030725	11	1	96127	XU		40.00	7.46	0.00	0.00	CO-144	0.56	6.90	
												CO-45	32.54		
1306898036	0307	030725	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62	
												CO-45	15.00		
1306898036	0307	030725	11	1	G9622			0.00	0.00	0.00	0.00			0.00	
1306898036	0307	030725	11	1	G8431			0.00	0.00	0.00	0.00			0.00	
1306898036	0307	030725	11	1	1036F			0.00	0.00	0.00	0.00			0.00	
1306898036	0307	030725	11	1	G9622			0.00	0.00	0.00	0.00			0.00	
1306898036	0307	030725	11	1	G8510			0.00	0.00	0.00	0.00			0.00	
PT RESP		0.00		CLAIM TOTALS				427.00	185.67	0.00	0.00		255.27	171.73	
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	171.73		
STATUS CODE 1: Processed as Primary															

NAME SHEALY, SHAUN T				HIC KLG893163594		ACNT	5225LMD642	ICN 26250738093100710		ASG	Y	MOA		
1306898036	0312	031225	11	1	99396			327.00	165.75	0.00	0.00	CO-144	12.44	153.31
												CO-45	161.25	
1306898036	0312	031225	11	1	36415			20.00	5.00	0.00	0.00	CO-144	0.38	4.62
												CO-45	15.00	
1306898036	0312	031225	11	1	G0442	XU		30.00	30.00	0.00	0.00	CO-144	2.25	27.75
1306898036	0312	031225	11	1	G0444	XU 33		29.45	0.00	0.00	0.00	CO-234	29.45	0.00
REM: N20														
1306898036	0312	031225	11	1	G0136	33		34.80	0.00	0.00	0.00	PR-119	34.80	0.00
1306898036	0312	031225	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	11	1	G9621			0.00	0.00	0.00	0.00			0.00
1306898036	0312	031225	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	34.80				CLAIM	TOTALS		441.25	200.75	0.00	0.00		255.57	185.68
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET	185.68
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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	HANSMA, ANDREW J					HIC	GHP916312798	ACNT	5108LMD642		ICN	26250660376800710	ASG	Y MOA
1306898036	0305	030525	11	1	99215	25			295.00	192.08	0.00	0.00	CO-144	14.40
													CO-45	102.92
													PR-3	25.00
1306898036	0305	030525	11	1	36415				20.00	5.00	0.00	0.00	CO-144	0.38
													CO-45	15.00
1306898036	0305	030525	11	1	3008F				0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	11	1	2001F				0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	11	1	2000F				0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	11	1	1000F				0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	11	1	1159F				0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	11	1	1160F				0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	11	1	3077F				0.00	0.00	0.00	0.00		0.00
1306898036	0305	030525	11	1	3079F				0.00	0.00	0.00	0.00		0.00
PT RESP	25.00						CLAIM TOTALS		315.00	197.08	0.00	0.00		157.70
ADJ TO TOTAL: PREV PD							INTEREST		0.00					157.30
STATUS CODE 1:	Processed as Primary													

NAME	THOMPSON, JOSEPH W					HIC	MMJ920661842	ACNT	5200LMD642		ICN	26250720138500710	ASG	Y MOA
1306898036	0311	031125	11	1	99214	25			219.00	143.12	118.12	0.00	CO-45	75.88
													PR-3	25.00
1306898036	0311	031125	11	1	36415				20.00	5.00	5.00	0.00	CO-45	15.00
1306898036	0311	031125	11	1	99401	XU			40.00	0.00	0.00	0.00	CO-4	40.00
							REM: M20							
1306898036	0311	031125	11	1	3077F				0.00	0.00	0.00	0.00		0.00
1306898036	0311	031125	11	1	3080F				0.00	0.00	0.00	0.00		0.00
1306898036	0311	031125	11	1	3008F				0.00	0.00	0.00	0.00		0.00
1306898036	0311	031125	11	1	2001F				0.00	0.00	0.00	0.00		0.00
1306898036	0311	031125	11	1	2000F				0.00	0.00	0.00	0.00		0.00
1306898036	0311	031125	11	1	1000F				0.00	0.00	0.00	0.00		0.00
1306898036	0311	031125	11	1	1159F				0.00	0.00	0.00	0.00		0.00
1306898036	0311	031125	11	1	1160F				0.00	0.00	0.00	0.00		0.00
PT RESP	148.12						CLAIM TOTALS		279.00	148.12	123.12	0.00		155.88
ADJ TO TOTAL: PREV PD							INTEREST		0.00					0.00
STATUS CODE 1:	Processed as Primary													

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	10	3185.70	1684.81	473.73	0.00	1719.92	992.05	0.00	992.05

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-4 The procedure code is inconsistent with the modifier used or a required modifier is missing.

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

M20 Missing / incomplete / invalid HCPCS.

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

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

PR-1 Deductible Amount

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

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

PR-3 Co-payment Amount

