TIMOTHY J TOBOLIC MD PLLC

NPI #: 1982923660 PAGE #: 1 of 2 DATE: 2025-08-06 EFT #: 743035580

BYRON CENTER, MI 493156928

TAX ID #: 272620668 REND PROV SERV DATE POS NOS PROC MODS ALLOWED DEDUCT GRP/RC-AMT PROV PD BILLED COINS NAME BAGLEY, REGINA S HIC NSS912479385 ACNT 7688LMD642 ICN 26252129409800710 ASG Y MOA 1013940584 0728 072825 11 341.00 180.06 CO-144 1 99397 25 0.00 0.00 13.50 166.56 CO-45 160.94 1013940584 0728 072825 11 1 36415 20.00 6.75 0.00 0.00 CO-144 0.51 6.24 CO-45 13.25 1013940584 0728 072825 11 1 81003 33.60 2.25 2.25 0.00 CO-45 31.35 0.00 1013940584 0728 072825 11 CO-144 1 G0442 XU 30.00 28.23 0.00 0.00 2.11 26.12 CO-45 1.77 1013940584 0728 072825 11 1 G0444 XU 29.45 0.00 0.00 0.00 CO-234 29.45 0.00 REM: N20 1 G0136 33 0.00 1013940584 0728 072825 11 65.00 0.00 0.00 0.00 PR-119 65.00 1013940584 0728 072825 11 1 G8510 0.00 0.00 0.00 0.00 0.00 1013940584 0728 072825 11 1 0513F 0.00 0.00 0.00 0.00 0.00 1013940584 0728 072825 11 1 G9622 0.00 0.00 0.00 0.00 0.00 1013940584 0728 072825 11 1 3077F 0.00 0.00 0.00 0.00 0.00 1013940584 0728 072825 11 1 3080F 0.00 0.00 0.00 0.00 0.00 PT RESP 67.25 CLAIM TOTALS 519.05 217.29 2.25 0.00 317.88 198.92 ADJ TO TOTAL: PREV PD 0.00 LATE FILING CHARGE 0.00 198.92 INTEREST NET STATUS CODE 1: Processed as Primary HIC MMJ892758483 ACNT 7639LMD642 NAME JACOBI, DOUGLAS M ICN 26252097162300710 ASG Y MOA

154.57									
14.71									
0.00									
3.89									
0.00									
26.12									
20.12									
0.00									
6.24									
0.00									
0.00									
0.00									
0.00									
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0.00									
0.00									
0.00									
0.00									
0.00									
205.53									
05.53									
STATUS CODE 1: Processed as Primary									
0 6 0 0 0 0 0 0 0 0									

NAME MERCHANT, DEBRA J	HIC MMJ918504934 ACNT	7687LMD642	ICN 26252129400	0600710 ASG Y MOA
1013940584 0728 072825 11	1 99214 25	219.00 143.12	0.00 0.00	CO-144 10.73 107.39
				CO-45 75.88
				PR-3 25.00
1013940584 0728 072825 11	1 G2211	25.00 0.00	0.00 0.00	CO-97 25.00 0.00
1013940584 0728 072825 11	1 83036 QW	60.90 14.71	0.00 0.00	CO-45 46.19 14.71
1013940584 0728 072825 11	1 3074F	0.00 0.00	0.00 0.00	0.00
1013940584 0728 072825 11	1 3078F	0.00 0.00	0.00 0.00	0.00
1013940584 0728 072825 11	1 G8476	0.00 0.00	0.00 0.00	0.00
1013940584 0728 072825 11	1 G8427	0.00 0.00	0.00 0.00	0.00
1013940584 0728 072825 11	1 3044F	0.00 0.00	0.00 0.00	0.00
PT RESP 25.00	CLAIM TOTALS	304.90 157.83	0.00 0.00	182.80 122.10
ADJ TO TOTAL: PREV PD	INTEREST	0.00 LATE	FILING CHARGE	0.00 NET 122.10
STATUS CODE 1: Processed as	Primary			



BCBSM REMITTANCE NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC ADVICE

EFT #: 743035580 PAGE #: 2 of 2 DATE: 2025-08-06

REND PROV	SERV	DATE	POS	NOS	PRO	MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	I T	PROV PD
NAME BARKH	UFF,	JACOB W		HIC	. VKU91	L0860687	ACNT	7634LMD64	2	ICN 27	252061199	500710 AS	Y MOA	
1013940584	0723	072325	11	1	99396	25		327.00	167.10	0.00	0.00	CO-144 CO-45	12.53 159.90	154.57
1013940584	0723	072325	11	1	G0136	33		65.00	30.36	30.36	0.00	CO-45	34.64	0.00
1013940584	0723	072325	11	1	G0442	XU		30.00	28.23	0.00	0.00	CO-144	2.11	26.12
												CO-45	1.77	
1013940584	0723	072325	11	1	G0444	XU		29.45	0.00	0.00	0.00	PI-97	29.45	0.00
1013940584	0723	072325	11	1	99408			61.00	0.00	0.00	0.00	PI-97	61.00	0.00
1013940584	0723	072325	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0723	072325	11	1	3079F			0.00	0.00	0.00	0.00			0.00
1013940584	0723	072325	11	1	G9621			0.00	0.00	0.00	0.00			0.00
1013940584	0723	072325	11	1	G8510			0.00	0.00	0.00	0.00			0.00
PT RESP	30.	36			CLAIM	TOTALS		512.45	225.69	30.36	0.00		301.40	180.69
ADJ TO TOT STATUS COD			ed as	Pri	mary	INTER	EST	0.00	LATE	FILING C	HARGE	0.00	NET	180.69

TOTALS: # OF BILLED ALLOWED DEDUCT COINS TOTAL PROV PD PROV CHECK CLAIMS AMT AMT AMT AMT RC-AMT AMT ADJ AMT AMT 1901.30 0.00 1161.45 707.24 0.00 707.24

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

CO-144

Incentive adjustment, e.g. preferred product / service.

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

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

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

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 Deductible Amount

PR-1

Benefit maximum for this time period or occurrence has been reached. This (these) diagnosis(es) is (are) not covered. PR-119

PR-167

PR-3 Co-payment Amount