

WPS GHA - MAC J8 MI PART B []  
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MADISON, WI 53708  
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REMITTANCE  
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC  
7740 BYRON CENTER AVE SW  
STE 202  
BYRON CENTER, MI 493156929

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-06-18  
EFT #: 899291108  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD				
NAME	TOBIN, GERALD L				HIC	2PJ5RM6HA86	ACNT	6763LMD642		ICN	1825155630240	ASG Y	MOA	MA01	MA18	MA15
1013940584	0603	060325	11	1	99214	25		219.00	120.84	0.00	24.17	CO-45	98.16		94.74	
1013940584	0603	060325	11	1	G2211			25.00	15.26	0.00	3.05	CO-253	1.93			
1013940584	0603	060325	11	1	G0446	XU		65.00	0.00	0.00	0.00	CO-45	9.74		11.97	
												CO-253	0.24			
1013940584	0603	060325	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-119	65.00		0.00	
												CO-45	34.06		30.32	
												CO-253	0.62			
1013940584	0603	060325	11	1	99401	25		0.00	0.00	0.00	0.00				0.00	
1013940584	0603	060325	11	1	2000F			0.00	0.00	0.00	0.00				0.00	
PT RESP	27.22						CLAIM TOTALS	374.00	167.04	0.00	27.22		209.75		137.03	
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE	0.00		NET		137.03	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)																
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP																

NAME	WALSTRUM, WILLIAM N				HIC	1UV5KW8HW52	ACNT	6750LMD642		ICN	1825155630300	ASG Y	MOA	MA01	MA15	
1013940584	0603	060325	11	1	99214	25		219.00	120.84	120.84	0.00	CO-45	98.16		0.00	
1013940584	0603	060325	11	1	G2211			25.00	15.26	15.26	0.00	CO-45	9.74		0.00	
1013940584	0603	060325	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06		30.32	
												CO-253	0.62			
1013940584	0603	060325	11	1	99401	25		65.00	0.00	0.00	0.00	PR-96	65.00		0.00	
1013940584	0603	060325	11	1	2000F			0.00	0.00	0.00	0.00				0.00	
PT RESP	201.10						CLAIM TOTALS	374.00	167.04	136.10	0.00		207.58		30.32	
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE	0.00		NET		30.32	
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
	2	748.00	334.08	136.10	27.22	417.33	167.35	0.00	167.35

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

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

CO-253 Sequestration - reduction in federal spending

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

M25 The information furnished does not substantiate the need for this level of service. If you believe the service should have been fully covered as billed, or if you did not know and could not reasonably have been expected to know that we would not pay for this level of service, or if you notified the patient in writing in advance that we would not pay for this level of service and he / she agreed in writing to pay, ask us to review your claim within 120 days of the date of this notice. If you do not request a appeal, we will, upon application from the patient, reimburse him / her for the amount you have collected from him / her in excess of any deductible and coinsurance amounts. We will recover the reimbursement from you as an overpayment.

MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.

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

N362 The number of Days or Units of Service exceeds our acceptable maximum.

N620 Alert: This procedure code is for quality reporting / informational purposes only.

PR-1 Deductible Amount

PR-2 Coinsurance Amount

PR-96 Non-covered charge(s).

