TIMOTHY J. TOBOLIC, MD, PLLC 7740 BYRON CENTER AVE SW STE 202 BYRON CENTER, MI 493156929 NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-04-29
NONPAY #: 393544729
TAX ID #: 272620668

REND PROV	SERV	DATE	POS	NOS	PROC	MOD	s	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	ſΤ	PROV PD
NAME BLACK	PORT,	PAUL		HIC	2YW9U	C8TY35	ACI	NT 5930LMD642		ICN 18	3251146894	12 ASG	Y MOA	MA15
1306898036	0418	041825	11	1	3075F			0.00	0.00	0.00	0.00			0.00
1306898036	0419	041925	11	1	3078F	REM:	N517	MA130 0.00	0.00	0.00	0.00			0.00
1306696036	0410	041025	11		3076F	REM:	N517	MA130	0.00	0.00	0.00			0.00
1306898036	0418	041825	11	1	3074F			0.00	0.00	0.00	0.00			0.00
						REM:	N517	MA130						
1306898036	0418	041825	11	1	1158F			0.00	0.00	0.00	0.00			0.00
1306898036	0418	041825	11	1	1160F	REM:	N2T/	MA130 0.00	0.00	0.00	0.00			0.00
1300030030	0110	011025		_	11001	REM:	N517	MA130	0.00	0.00	0.00			0.00
1306898036	0418	041825	11	1	1159F			0.00	0.00	0.00	0.00			0.00
						REM:	N517	MA130						
1306898036	0418	041825	11	1	2001F	DEM.	NTC 1 77	0.00	0.00	0.00	0.00			0.00
1306898036	0418	041825	11	1	3008F	KEM:	иэті	MA130 0.00	0.00	0.00	0.00			0.00
1300030030	0110	011025		_	50001	REM:	N517	MA130	0.00	0.00	0.00			0.00
PT RESP	0.0	00			CLAIM	TOTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTA						INTE	REST	0.00	LATE	FILING C	CHARGE	0.00	NET	0.00
STATUS COD	E 1: 1	Process	ed a	s Pri	ımary									
NAME MINER	, EDW	ARD B		HIC	3RH1K	P7NJ12	ACI	NT 6030LMD642		ICN 18	3251146894	82 ASG	Y MOA	MA15
1013940584			11		3075F			0.00	0.00	0.00	0.00			0.00
						REM:	N517	MA130						
1013940584	0424	042425	11	1	3078F		1 -	0.00	0.00	0.00	0.00			0.00
1013940584	0424	042425	11	1	3008F	REM:	N2T/	MA130 0.00	0.00	0.00	0.00			0.00
1013710301	0121	012123		_	30001	REM:	N517	MA130	0.00	0.00	0.00			0.00
1013940584	0424	042425	11	1	2001F			0.00	0.00	0.00	0.00			0.00
				_		REM:	N517	MA130						
1013940584	0424	042425	11	1	1000F	DEM.	NTE 1 7	0.00 MA130	0.00	0.00	0.00			0.00
1013940584	0424	042425	11	1	1159F	KEM:	иэт	0.00	0.00	0.00	0.00			0.00
				_		REM:	N517	MA130						
1013940584	0424	042425	11	1	1160F			0.00	0.00	0.00	0.00			0.00
DE DEGE		00			GT 3 T34			MA130	0.00	0.00	0.00		0.00	0.00
PT RESP ADJ TO TOTA	0.0 10 •.14				CLAIM	TOTALS	REST	0.00 0.00	0.00 TATE	0.00 FILING C	0.00 THARGE	0.00	0.00 NET	0.00 0.00
STATUS COD			ed a	s Pri	imary	11111	KEDI	0.00	LAIL	i i i i i i i i i i	JIIAKGE	0.00	1421	0.00
NAME VANDA					2PC1P	E4PD11	ACI	NT 6007LMD642			3251146894	42 ASG	Y MOA	
1306898036	0423	042325	11	1	3075F	DEM.	NTE 1 7	0.00	0.00	0.00	0.00			0.00
1306898036	0423	042325	11	1	3078F	KEM:	иэті	MA130 0.00	0.00	0.00	0.00			0.00
				_		REM:	N517	MA130						
1306898036	0423	042325	11	1	3008F			0.00	0.00	0.00	0.00			0.00
120600000	0.400	040005				REM:	N517	MA130						
1306898036	0423	042325	TT	1	2001F	рем.	N517	0.00 MA130	0.00	0.00	0.00			0.00
1306898036	0423	042325	11	1	1000F	KEH.	NJI/	0.00	0.00	0.00	0.00			0.00
				_		REM:	N517	MA130						
1306898036	0423	042325	11	1	1159F			0.00	0.00	0.00	0.00			0.00
120600000	0400	040305		-	1160-	REM:	N517	MA130	0.00	0 00	0.00			2 22
1306898036	0423	042325	ΤŢ	Т	1160F	рем.	N517	0.00 MA130	0.00	0.00	0.00			0.00
PT RESP	0.0	00			CLAIM	TOTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTA					_		REST	0.00		FILING C		0.00	NET	0.00
STATUS COD	E 1: I	Process	ed a	s Pri	imary									



WPS GHA - MAC J8 MI PART B REMITTANCE NPI #: 1982923660 NONPAY #: 393544729 TIMOTHY J. TOBOLIC, MD, PLLC ADVICE PAGE #: 2 of 2 DATE: 2025-04-29

REND I	PROV	SERV	DATE	POS	NOS	PROC	MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	T	PROV PD
NAME '	VANDAI	M, HE	NRY R		HI	C 5PR3E	Y7XV88	ACNT	6015LMD64	12	ICN 18	3251146894	62 ASG	Y MOA	MA15
13068	98036	0423	042325	11	1	3074F			0.00	0.00	0.00	0.00			0.00
							REM: N	517 MA	130						
13068	98036	0423	042325	11					0.00	0.00	0.00	0.00			0.00
									130						
13068	98036	0423	042325	11					0.00	0.00	0.00	0.00			0.00
									130						
13068	98036	0423	042325	11					0.00	0.00	0.00	0.00			0.00
12060	0000	0400	040305						130	0.00	0.00	0.00			0.00
13068	98036	0423	042325	тт					0.00	0.00	0.00	0.00			0.00
13068	98036	0423	042325	11					0.00	0.00	0.00	0.00			0.00
13000	30030	0423	012323		_	20011			130	0.00	0.00	0.00			0.00
13068	98036	0423	042325	11	1	3008F			0.00	0.00	0.00	0.00			0.00
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0123	012323		_		REM: N			0.00	0.00	0.00			0.00
13068	98036	0423	042325	11	1				0.00	0.00	0.00	0.00			0.00
									130						
PT RE	SP	0.	00			CLAIM	TOTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ T	O TOTA	AL: P	REV PD				INTER	EST	0.00	LATE	FILING (CHARGE	0.00	NET	0.00
STATU	S CODI	E 1: 1	Process	ed as	s Pr	imary									
TOTALS:	s:	# OF	В	ILLEI		ALLO	WED	DEDU	JCT	COINS	TOTAL	PROV P	D P	ROV	CHECK
	(CLAIM	s .	AMT		AM	T	AMT	•	AMT	RC-AMT	AMT	AD	J AMT	AMT
		4		0.0	00		0.00	0	.00	0.00	0.00	0.	00	0.00	0.00

GLOSSARY: GROUP, REASON, MOA, REMARK AND REASON CODES
MA130 Your claim contains incomplete and / or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete / correct information.

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

N517 Resubmit a new claim with the requested information.