

WPS GHA - MAC J8 MI PART B []  
P.O. BOX 8939  
MADISON, WI 53708  
(866)234-7331

REMITTANCE  
ADVICE

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

NPI #: 1982923660  
PAGE #: 1 of 2  
DATE: 2025-05-06  
NONPAY #: 393560328  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME ADAMS, DOROTHY L					HIC 3NX6U05GH63	ACNT 5642LMD642				ICN 1825115731160	ASG Y	MOA MA01	MA15
1013940584	0214	021425	11	1	G0402		361.00	0.00	0.00	0.00	CO-B13	361.00	0.00
1013940584	0214	021425	11	1	G0513		101.00	0.00	0.00	0.00	CO-B13	101.00	0.00
1013940584	0214	021425	11	1	G0136	33	34.80	0.00	0.00	0.00	CO-16	34.80	0.00
					REM: M51								
1013940584	0214	021425	11	1	99397	25	341.00	0.00	0.00	0.00	PR-96	341.00	0.00
					REM: N130								
1013940584	0214	021425	11	1	G2211		30.52	0.00	0.00	0.00	CO-234	30.52	0.00
					REM: N390								
1013940584	0214	021425	11	1	G0442	XU	30.00	0.00	0.00	0.00	CO-151	30.00	0.00
					REM: MA01								
1013940584	0214	021425	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-236	29.45	0.00
1013940584	0214	021425	11	1	G0447	XU	65.00	0.00	0.00	0.00	CO-B13	65.00	0.00
1013940584	0214	021425	11	1	99401	25	65.00	0.00	0.00	0.00	PR-96	65.00	0.00
					REM: N130								
1013940584	0214	021425	11	1	G9622		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1013940584	0214	021425	11	1	G8510		0.00	0.00	0.00	0.00			0.00
					REM: N620								
PT RESP	406.00				CLAIM TOTALS		1057.77	0.00	0.00	0.00		1057.77	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET	0.00
STATUS CODE 1: Processed as Primary													

NAME HILLEN, MARY M					HIC 1MC2QV8MH96	ACNT 5719LMD642				ICN 1825115731200	ASG Y	MOA MA01	MA15
1013940584	0408	040825	11	1	G0439		361.00	0.00	0.00	0.00	CO-B13	361.00	0.00
1013940584	0408	040825	11	1	99213	25	171.26	0.00	0.00	0.00	CO-B13	171.26	0.00
1013940584	0408	040825	11	1	G0136	33	34.80	0.00	0.00	0.00	CO-B13	34.80	0.00
1013940584	0408	040825	11	1	G0447	XU	65.00	0.00	0.00	0.00	CO-B13	65.00	0.00
1013940584	0408	040825	11	1	99401	25	65.00	0.00	0.00	0.00	PR-96	65.00	0.00
					REM: N130								
1013940584	0408	040825	11	1	G2211		25.00	0.00	0.00	0.00	CO-B13	25.00	0.00
1013940584	0408	040825	11	1	82043	QW	14.70	0.00	0.00	0.00	CO-B13	14.70	0.00
1013940584	0408	040825	11	1	82570	QW	17.85	0.00	0.00	0.00	CO-B13	17.85	0.00
1013940584	0408	040825	11	1	G0446	XU	61.88	0.00	0.00	0.00	CO-151	61.88	0.00
					REM: MA01								
1013940584	0408	040825	11	1	G0442	XU	30.00	0.00	0.00	0.00	CO-151	30.00	0.00
					REM: MA01								
1013940584	0408	040825	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-151	29.45	0.00
					REM: MA01								
1013940584	0408	040825	11	1	G8417		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1013940584	0408	040825	11	1	G9622		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1013940584	0408	040825	11	1	G8510		0.00	0.00	0.00	0.00			0.00
					REM: N620								
PT RESP	65.00				CLAIM TOTALS		875.94	0.00	0.00	0.00		875.94	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET	0.00
STATUS CODE 1: Processed as Primary													

NAME WEISS, JOHN W					HIC 5MC7CU0YH36	ACNT 6095LMD642				ICN 1925125039532	ASG Y	MOA MA15	
1013940584	0417	041725	11	1	G0402	25	361.00	0.00	0.00	0.00	CO-16	361.00	0.00
					REM: M20 MA130								
1013940584	0417	041725	11	1	3078F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
1013940584	0417	041725	11	1	3075F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
1013940584	0417	041725	11	1	2028F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
PT RESP	0.00				CLAIM TOTALS		361.00	0.00	0.00	0.00		361.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET	0.00
STATUS CODE 1: Processed as Primary													



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PAGE #: 2 of 2

REMITTANCE

ADVICE

DATE: 2025-05-06

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	2294.71	0.00	0.00	0.00	2294.71	0.00	0.00	0.00

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

CO-151 Payment adjusted because the payer deems the information submitted does not support this many services.

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

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

CO-236 This procedure or procedure / modifier combination is not compatible with another procedure or procedure / modifier combination provided on the same day according to the National Correct Coding Initiative.

CO-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.

M20 Missing / incomplete / invalid HCPCS.

M51 Missing / incomplete / invalid procedure code(s).

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.

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.

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

N390 This service / report cannot be billed separately.

N517 Resubmit a new claim with the requested information.

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

PR-96 Non-covered charge(s).

