

WPS GHA - MAC J8 MI PART B []
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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 3
DATE: 2025-04-24
EFT #: 899129179
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 1825100645390	ASG Y	MOA	MA01 MA18 MA15
1013940584	0214	021425	11	1	G0402		361.00	155.30	0.00	0.00	CO-45	205.70	152.19
1013940584	0214	021425	11	1	G0513		101.00	59.36	0.00	0.00	CO-253	3.11	
1013940584	0214	021425	11	1	G0136	33	34.80	0.00	0.00	0.00	CO-45	41.64	58.17
1013940584	0214	021425	11	1	99397	25	341.00	0.00	0.00	0.00	CO-253	1.19	
1013940584	0214	021425	11	1	G2211		30.52	0.00	0.00	0.00	CO-16	34.80	0.00
1013940584	0214	021425	11	1	G0442	XU	30.00	16.22	0.00	0.00	PR-96	341.00	0.00
1013940584	0214	021425	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-234	30.52	0.00
1013940584	0214	021425	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	13.78	15.90
1013940584	0214	021425	11	1	99401	33	65.00	0.00	0.00	0.00	CO-253	0.32	
1013940584	0214	021425	11	1	G9622		0.00	0.00	0.00	0.00	CO-236	29.45	0.00
1013940584	0214	021425	11	1	G8510		0.00	0.00	0.00	0.00	CO-45	34.06	30.32
1013940584	0214	021425	11	1	G8510		0.00	0.00	0.00	0.00	CO-253	0.62	
1013940584	0214	021425	11	1	G8510		0.00	0.00	0.00	0.00	PR-96	65.00	0.00
PT RESP	406.00				CLAIM TOTALS		1057.77	261.82	0.00	0.00		801.19	256.58
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	256.58
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP													

NAME	HILLEN, MARY M				HIC 1MC2QV8MH96	ACNT 5713LMD642				ICN 1825099695270	ASG Y	MOA	MA01
1013940584	0402	040225	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
PT RESP	0.00				CLAIM TOTALS		20.00	9.09	0.00	0.00	CO-253	0.18	
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	11.09	8.91
STATUS CODE 1: Processed as Primary													



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DATE: 2025-04-24

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HILLEN, MARY M					HIC 1MC2QV8MH96	ACNT 5719LMD642			ICN 1825099695290	ASG Y	MOA	MA01 MA18 MA15
1013940584	0408	040825	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15 119.41
											CO-253	2.44
1013940584	0408	040825	11	1	99213 25		171.26	85.63	19.46	13.23	CO-45	85.63 51.88
											CO-253	1.06
1013940584	0408	040825	11	1	G0136 33		34.80	17.40	0.00	0.00	CO-45	17.40 17.05
											CO-253	0.35
1013940584	0408	040825	11	1	G0447 XU		65.00	30.94	0.00	0.00	CO-45	34.06 30.32
											CO-253	0.62
1013940584	0408	040825	11	1	99401 33		65.00	0.00	0.00	0.00	PR-96	65.00 0.00
					REM: N130							
1013940584	0408	040825	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74 11.97
											CO-253	0.24
1013940584	0408	040825	11	1	82043 QW		14.70	5.78	0.00	0.00	CO-45	8.92 5.66
											CO-253	0.12
1013940584	0408	040825	11	1	82570 QW		17.85	5.18	0.00	0.00	CO-45	12.67 5.08
											CO-253	0.10
1013940584	0408	040825	11	1	G0446 XU		61.88	30.94	0.00	0.00	CO-45	30.94 30.32
											CO-253	0.62
1013940584	0408	040825	11	1	G0442 XU		30.00	16.22	0.00	0.00	CO-45	13.78 15.90
											CO-253	0.32
1013940584	0408	040825	11	1	G0444 XU		29.45	16.22	0.00	0.00	CO-45	13.23 15.90
											CO-253	0.32
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	100.74				CLAIM TOTALS		875.94	345.42	19.46	16.28		536.71 303.49
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	NET 303.49
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI												

NAME LEBLOND, PHILIP					HIC 1NM4H23HV83	ACNT 5730LMD642			ICN 1825099695510	ASG Y	MOA	MA01 MA18 MA15
1306898036	0408	040825	11	1	99213		146.00	85.63	0.00	17.13	CO-45	60.37 67.13
											CO-253	1.37
1306898036	0408	040825	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74 11.97
											CO-253	0.24
1306898036	0408	040825	11	1	2000F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	20.18				CLAIM TOTALS		171.00	100.89	0.00	20.18		71.72 79.10
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	NET 79.10
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: HCSC-BCBS OF NM-NON STD A & B												

NAME STEDMAN, SHERRI					HIC 4V12V91AJ27	ACNT 5596LMD642			ICN 1825093604500	ASG Y	MOA	MA01 MA15
1306898036	0401	040125	11	1	G0438		361.00	155.00	0.00	0.00	CO-45	206.00 151.90
											CO-253	3.10
1306898036	0401	040125	11	1	99214 25		241.68	120.84	120.84	0.00	CO-45	120.84 0.00
1306898036	0401	040125	11	1	99497 33		132.00	77.66	0.00	0.00	CO-45	54.34 76.11
											CO-253	1.55
1306898036	0401	040125	11	1	G0136 33		34.80	17.40	0.00	0.00	CO-45	17.40 17.05
											CO-253	0.35
1306898036	0401	040125	11	1	G2211		25.00	15.26	15.26	0.00	CO-45	9.74 0.00
1306898036	0401	040125	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91 8.91
											CO-253	0.18
1306898036	0401	040125	11	1	G0442 XU		30.00	16.22	0.00	0.00	CO-45	13.78 15.90
											CO-253	0.32
1306898036	0401	040125	11	1	G0444 XU		29.45	0.00	0.00	0.00	CO-236	29.45 0.00
1306898036	0401	040125	11	1	99401 33		0.00	0.00	0.00	0.00		0.00
					REM: N130							
1306898036	0401	040125	11	1	99406		27.06	0.00	0.00	0.00	CO-167	27.06 0.00
					REM: M25 N386 M64							
					HCPI: NCD 210.4.1							
1306898036	0401	040125	11	1	G9622		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0401	040125	11	1	G8510		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	136.10				CLAIM TOTALS		900.99	411.47	136.10	0.00		495.02 269.87
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	NET 269.87
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
	5	3025.70	1128.69	155.56	36.46	1915.73	917.95	0.00	917.95



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

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

CO-167 This (these) diagnosis(es) is (are) not covered.

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-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.

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

M64 Missing / incomplete / invalid other diagnosis.

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.

N386 This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd/search.asp>. If you do not have web access, you may contact the contractor to request a copy of the NCD.

N390 This service / report cannot be billed separately.

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).