

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 1
DATE: 2025-03-31
EFT #: 899055634
TAX ID #: 272620668

REND PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SOTTOVIA, STEVEN T		HIC 6JQ6W19MC62	ACNT	4882LMD642				ICN 1825073697910	ASG Y	MOA MA01 MA15
1306898036	0219 021925	11	1 G0439		361.00	0.00	0.00	0.00	PR-26	361.00 0.00
				REM: N130						
1306898036	0219 021925	11	1 99214	25	241.68	120.84	120.84	0.00	CO-45	120.84 0.00
1306898036	0219 021925	11	1 99396	33	327.00	0.00	0.00	0.00	PR-96	327.00 0.00
				REM: N130						
1306898036	0219 021925	11	1 99497	33	132.00	0.00	0.00	0.00	CO-236	132.00 0.00
1306898036	0219 021925	11	1 36415		20.00	9.09	0.00	0.00	CO-45	10.91 8.91
									CO-253	0.18
1306898036	0219 021925	11	1 G2211		25.00	15.26	15.26	0.00	CO-45	9.74 0.00
1306898036	0219 021925	11	1 G0442	XU	30.00	0.00	0.00	0.00	CO-151	30.00 0.00
				REM: MA01						
1306898036	0219 021925	11	1 G0444	XU	29.45	0.00	0.00	0.00	CO-151	29.45 0.00
				REM: MA01						
1306898036	0219 021925	11	1 90715		87.00	0.00	0.00	0.00	PR-96	87.00 0.00
				REM: N115						
1306898036	0219 021925	11	1 90471		41.00	0.00	0.00	0.00	PR-96	41.00 0.00
				HCPI: L34596 A56900						
1306898036	0219 021925	11	1 G9622		0.00	0.00	0.00	0.00		0.00
				REM: N620						
1306898036	0219 021925	11	1 G8510		0.00	0.00	0.00	0.00		0.00
				REM: N620						
PT RESP	952.10		CLAIM TOTALS		1294.13	145.19	136.10	0.00		1149.12 8.91
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET 8.91
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
	1	1294.13	145.19	136.10	0.00	1149.12	8.91	0.00	8.91

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-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.
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.
N115	This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD).An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at http://www.cms.hhs.gov/mcd , or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.
N130	Consult plan benefit documents / guidelines for information about restrictions for this service.
N620	Alert: This procedure code is for quality reporting / informational purposes only.
PR-1	Deductible Amount
PR-26	Expenses incurred prior to coverage.
PR-96	Non-covered charge(s).

