TIMOTHY J. TOBOLIC, MD, PLLC 7740 BYRON CENTER AVE SW STE 202 BYRON CENTER, MI 493156929 NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-03-25
NONPAY #: 393469623
TAX ID #: 272620668

REND PROV	SERV	/ DATE	POS	NOS	PROC	. MOD	S	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	мт	PROV PD
NAME DUFOR	וקק ז	T. SSI		нт(7 8 A W 7 N	D2EE57	אריז	NT 5384LMD642	2	TCN 1	1825079712	302 ASG	V MOA	MA15
1013940584			11		3074F	1 2005 /	ACI	0.00	0.00	0.00	0.00	JUZ ADG	1 HOM	0.00
1013710301	. 051.	051525		_	30711	рем.	NT517	MA130	0.00	0.00	0.00			0.00
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1013940304	. 0313	031923		_	3070E	рем. 1	NTE 17	MA130	0.00	0.00	0.00			0.00
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				- D	·	TNIE	KESI	0.00	LAIE	FILING	CHARGE	0.00	NEI	0.00
STATUS COL	E I:	Processe	ed as	S PI	ımary									
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NAME DUPRE						IX4VW/5	ACI	NT 5388LMD642			1825079712			MA15
1306898036	0313	031925	11	4	99417			20.00	0.00	0.00	0.00	CO-181	20.00	0.00
				_	2050-	REM:	NST/	MA130						
1306898036	0313	031925	11	1	3060F	DE1/		0.00	0.00	0.00	0.00			0.00
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1306898036	0315	031925	TT	1	3077F			0.00	0.00	0.00	0.00			0.00
						REM:	N517	MA130						
1306898036	0319	031925	11	1	3079F			0.00	0.00	0.00	0.00			0.00
							N517	MA130						
PT RESP	0.	.00			CLAIM	TOTALS		20.00	0.00	0.00	0.00		20.00	0.00
ADJ TO TOI	'AL: I	PREV PD				INTE	REST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS COL	E 1:	Processe	ed as	s Pr	imary									
NAME HANSE	EN, DI	EBRA R		HI	C 1PV6X	96DW72	ACI	NT 5386LMD642	2	ICN 3	1825079712	332 ASG	Y MOA	MA15
1013940584	0319	031925	11	1	3074F			0.00	0.00	0.00	0.00			0.00
						REM:	N517	MA130						
1013940584	0319	031925	11	1	3078F			0.00	0.00	0.00	0.00			0.00
						REM:	N517	MA130						
1013940584	0319	031925	11	1	3008F			0.00	0.00	0.00	0.00			0.00
						REM:	N517	MA130						
1013940584	0.319	031925	11	1	2001F			0.00	0.00	0.00	0.00			0.00
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1013940584	0319	031925	11	1	1000F			0.00	0.00	0.00	0.00			0.00
101071000	. 051.	001010		_		PEM• 1	NT517	MA130	0.00	0.00	0.00			0.00
1013940584	. 0310	031925	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013310301	. 051.	051525		_	11371	рем.	NT517	MA130	0.00	0.00	0.00			0.00
1013940584	. 0310	031925	11	1	1160F	Killer.	1317	0.00	0.00	0.00	0.00			0.00
1013310301	. 051.	051525		_	11001	рем.	NT517	MA130	0.00	0.00	0.00			0.00
PT RESP	^	.00			CT 3 TM	TOTALS		0.00	0.00	0.00	0.00		0.00	0.00
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ADJ TO TOT				- D	·	INTE	KESI	0.00	LAIE	FILING	CHARGE	0.00	NEI	0.00
STATUS CODE 1: Processed as Primary														
NAME OFFICE		DIE E			G 5770 FT	TA EDGCO	3.00	TIII E 2001 MD C 41		TCNT 1	1005070710	260 200	37 3703	1/2 01 1/2 1 F
NAME SNYDE			11			A5PC68	ACI	NT 5389LMD642			1825079712			MA01 MA15
1306898036					G0402	F 2		361.00	0.00	0.00	0.00	CO-24	361.00	0.00
1306898036	0319	031925	ΤT	1	99397			341.00	0.00	0.00	0.00	PR-96	341.00	0.00
12060000				_		REM:	ит30				0.65	~~ · · · ·	044 65	
1306898036					99214	25		241.68	0.00	0.00	0.00	CO-24	241.68	0.00
1306898036					36415			20.00	0.00	0.00	0.00	CO-24	20.00	0.00
1306898036					99497			132.00	0.00	0.00	0.00	CO-24	132.00	0.00
1306898036					G0444	-		91.00	0.00	0.00	0.00	CO-24	91.00	0.00
1306898036	0319	031925	11	1	G0442	XU		43.00	0.00	0.00	0.00	CO-24	43.00	0.00
1306898036	0319	031925	11	1	G2211			25.00	0.00	0.00	0.00	CO-24	25.00	0.00
1306898036	0319	031925	11	1	G0136	XU		34.80	0.00	0.00	0.00	CO-24	34.80	0.00
1306898036	0319	031925	11	1	G8510			0.00	0.00	0.00	0.00			0.00
						REM:	N620							
1306898036	0319	031925	11	1	G9622			0.00	0.00	0.00	0.00			0.00
				_		REM:	N620							
PT RESP	341.	.00			CT.ATM	TOTALS		1289.48	0.00	0.00	0.00		1289.48	0.00
ADJ TO TOT						INTE			LATE			0.00		0.00
STATUS COL			ad a	g Dr	imary	T14 T E2	CEO I	0.00	TALE	- 111146	CHARGE	0.00	1417.1	0.00
SIMIOD COL		-1000000	-u ai	J F1.	y									
TOTALS:	# OI	7	ILLEI	D	ΔΤ.Τ.	WED	יח	EDUCT (COINS	TOTAL	PROV	PD OT	PROV	CHECK
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			309.4	4.2		0.00	-	0.00	0.00	1309.4			0.00	0.00
	-	· 1.	JUJ.4	10		0.00		0.00	0.00	T303.4	±0 U	. 00	0.00	0.00



WPS GHA - MAC J8 MI PART B REMITTANCE 1982923660 NPI #: ADVICE TIMOTHY J. TOBOLIC, MD, PLLC NONPAY #: 393469623 PAGE #: 2 of 2 DATE: 2025-03-25

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

Payment adjusted because this procedure code was invalid on the date of service CO-181 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan. CO-24 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. 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.

N517

Resubmit a new claim with the requested information.

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

PR-96 Non-covered charge(s).

MA15