

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 1  
DATE: 2025-07-29  
EFT #: 899404281  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	COOLEY, CYNTHIA A		HIC	1KA0QQ3NV15	ACNT	7314LMD642			ICN	1825191701852	ASG Y	MOA MA01 MA18 MA15
1306898036	0708	070825	11	1	99214		219.00	120.84	0.00	24.17	CO-45	98.16 94.74
											CO-253	1.93
PT RESP	24.17				CLAIM TOTALS		219.00	120.84	0.00	24.17		100.09 94.74
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 94.74
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: HUMANA INC.												

NAME	GENTHER, WILLIAM R		HIC	4WT6J11UA53	ACNT	7340LMD642			ICN	1825191701910	ASG Y	MOA MA01 MA18 MA15
1013940584	0709	070925	11	1	99214 25		219.00	120.84	0.00	24.17	CO-45	98.16 94.74
											CO-253	1.93
1013940584	0709	070925	11	1	99401 25		65.00	0.00	0.00	0.00	PR-96	65.00 0.00
					REM: N130							
1013940584	0709	070925	11	1	G0447 XU		65.00	30.94	0.00	0.00	CO-45	34.06 30.32
											CO-253	0.62
1013940584	0709	070925	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74 11.97
											CO-253	0.24
PT RESP	92.22				CLAIM TOTALS		374.00	167.04	0.00	27.22		209.75 137.03
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 137.03
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: WPS - TRICARE FOR LIFE												

NAME	WEAVER, REBECCA L		HIC	3G58QM6DM63	ACNT	7438LMD642			ICN	1825196642840	ASG Y	MOA MA01 MA18 MA15
1306898036	0714	071425	11	1	99214 25		219.00	120.84	0.00	24.17	CO-45	98.16 94.74
											CO-253	1.93
1306898036	0714	071425	11	1	82043 QW		14.70	5.78	0.00	0.00	CO-45	8.92 5.66
											CO-253	0.12
1306898036	0714	071425	11	1	82570 QW		17.85	5.18	0.00	0.00	CO-45	12.67 5.08
											CO-253	0.10
1306898036	0714	071425	11	1	83036 QW		60.90	9.71	0.00	0.00	CO-45	51.19 9.52
											CO-253	0.19
1306898036	0714	071425	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74 11.97
											CO-253	0.24
PT RESP	27.22				CLAIM TOTALS		337.45	156.77	0.00	27.22		183.26 126.97
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 126.97
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: CHAMPVA-VA HEALTH ADMIN CTR												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	930.45	444.65	0.00	78.61	493.10	358.74	0.00	358.74

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

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.  
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.  
PR-2 Coinsurance Amount  
PR-96 Non-covered charge(s).

