

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: 2025-03-11
NONPAY #: 393436046
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BAGLEY, CHRISTOPH S			HIC 6V12KW0TC81	ACNT	5115LMD642			ICN 1825065685550		ASG Y	MOA MA01 MA15
1013940584	1205	120524	11	1 99214		219.00	0.00	0.00	0.00	CO-24	219.00 0.00
1013940584	1205	120524	11	1 2000F		0.00	0.00	0.00	0.00		0.00
REM: N620											
PT RESP	0.00			CLAIM TOTALS		219.00	0.00	0.00	0.00		219.00 0.00
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 1: Processed as Primary											

NAME BAGLEY, CHRISTOPH S			HIC 6V12KW0TC81	ACNT	5116LMD642			ICN 1825065685570		ASG Y	MOA MA01 MA15
1013940584	0305	030525	11	1 99213 25		146.00	0.00	0.00	0.00	CO-24	146.00 0.00
1013940584	0305	030525	11	1 G2211		25.00	0.00	0.00	0.00	CO-24	25.00 0.00
1013940584	0305	030525	11	1 G8510		0.00	0.00	0.00	0.00		0.00
REM: N620											
1013940584	0305	030525	11	1 2000F		0.00	0.00	0.00	0.00		0.00
REM: N620											
PT RESP	0.00			CLAIM TOTALS		171.00	0.00	0.00	0.00		171.00 0.00
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 1: Processed as Primary											

NAME DEKLEINE, BETTY L			HIC 5T86XF2JU62	ACNT	5121LMD642			ICN 1825065685582		ASG Y	MOA MA15
1013940584	0305	030525	11	1 3075F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
1013940584	0305	030525	11	1 3079F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
1013940584	0305	030525	11	1 3061F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
PT RESP	0.00			CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00 0.00
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 1: Processed as Primary											

NAME RIDER, JENNIE L			HIC 1GD4CY4QE03	ACNT	5089LMD642			ICN 1825065685532		ASG Y	MOA MA15
1013940584	0304	030425	11	1 3074F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
1013940584	0304	030425	11	1 3078F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
1013940584	0304	030425	11	1 3060F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
1013940584	0304	030425	11	1 3008F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
1013940584	0304	030425	11	1 2001F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
1013940584	0304	030425	11	1 1000F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
1013940584	0304	030425	11	1 1159F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
1013940584	0304	030425	11	1 1160F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130											
PT RESP	0.00			CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00 0.00
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
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
	4	390.00	0.00	0.00	0.00	390.00	0.00	0.00	0.00

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

CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.

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.



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NPI #: 1982923660 TIMOTHY J. TOBOLIC, MD, PLLC
NONPAY #: 393436046 PAGE #: 2 of 2 DATE: 2025-03-11
MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the
other services reported.
N517 Resubmit a new claim with the requested information.
N620 Alert: This procedure code is for quality reporting / informational purposes only.

