

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 3
DATE: 2025-05-28
EFT #: 899229968
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME ADAMS, MICHAEL J					HIC 2T55JY5VW61	ACNT 6306LMD642			ICN 1825134298920	ASG Y	MOA MA01 MA18 MA15		
1013940584	0328	032825	11	1	99214 25		219.00	120.84	0.00	24.17	CO-45	98.16	94.74
											CO-253	1.93	
1013940584	0328	032825	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74	11.97
											CO-253	0.24	
1013940584	0328	032825	11	1	G0446 XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-253	0.62	
1013940584	0328	032825	11	1	82043 QW		14.70	5.78	0.00	0.00	CO-45	8.92	5.66
											CO-253	0.12	
1013940584	0328	032825	11	1	82570 QW		17.85	5.18	0.00	0.00	CO-45	12.67	5.08
											CO-253	0.10	
1013940584	0328	032825	11	1	0513F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1013940584	0328	032825	11	1	G0447 XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-253	0.62	
1013940584	0328	032825	11	1	99401 25		65.00	0.00	0.00	0.00	PR-96	65.00	0.00
					REM: N130								
1013940584	0328	032825	11	1	2000F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
PT RESP		92.22			CLAIM TOTALS		471.55	208.94	0.00	27.22		266.24	178.09
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	178.09
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP													
NAME BULTENA, JULIE					HIC 4A86W44KP70	ACNT 4835LMD642			ICN 1825134298870	ASG Y	MOA MA01		
1306898036	0218	021825	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
											CO-253	0.18	
PT RESP		0.00			CLAIM TOTALS		20.00	9.09	0.00	0.00		11.09	8.91
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	8.91
STATUS CODE 1: Processed as Primary													
NAME BULTENA, JULIE					HIC 4A86W44KP70	ACNT 3839LMD642			ICN 1825134298930	ASG Y	MOA MA01 MA18 MA15		
1306898036	1230	123024	11	1	99213		146.00	87.51	0.00	17.50	CO-45	58.49	68.61
											CO-253	1.40	
1306898036	1230	123024	11	1	G2211		25.00	16.01	0.00	3.20	CO-45	8.99	12.55
											CO-253	0.26	
1306898036	1230	123024	11	1	G8417		0.00	0.00	0.00	0.00			0.00
					REM: N620								
PT RESP		20.70			CLAIM TOTALS		171.00	103.52	0.00	20.70		69.14	81.16
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	81.16
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI													
NAME BULTENA, JULIE					HIC 4A86W44KP70	ACNT 6316LMD642			ICN 1825134299050	ASG Y	MOA MA01		
1306898036	0512	051225	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
											CO-253	0.18	
PT RESP		0.00			CLAIM TOTALS		20.00	9.09	0.00	0.00		11.09	8.91
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	8.91
STATUS CODE 1: Processed as Primary													
NAME BULTENA, JULIE					HIC 4A86W44KP70	ACNT 3709LMD642			ICN 1825134299090	ASG Y	MOA MA01 MA15		
1306898036	1120	112024	11	1	82043 QW		14.70	5.78	0.00	0.00	CO-45	8.92	5.66
											CO-253	0.12	
1306898036	1120	112024	11	1	82570 QW		17.85	5.18	0.00	0.00	CO-45	12.67	5.08
											CO-253	0.10	
PT RESP		0.00			CLAIM TOTALS		32.55	10.96	0.00	0.00		21.81	10.74
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	10.74
STATUS CODE 1: Processed as Primary													



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DATE: 2025-05-28

END	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME HILBERT, KENNETH W			HIC	1AF4C14TT77	ACNT	6311LMD642			ICN	1825134299010	ASG Y	MOA	MA01 MA18 MA15
1013940584	0512	051225	11	1	99213	25	146.00	85.63	0.00	17.13	CO-45	60.37	67.13
1013940584	0512	051225	11	1	G2211		25.00	0.00	0.00	0.00	CO-253	1.37	
						REM: N20					CO-234	25.00	0.00
1013940584	0512	051225	11	1	2000F		0.00	0.00	0.00	0.00			0.00
						REM: N620							
PT RESP	17.13				CLAIM TOTALS		171.00	85.63	0.00	17.13		86.74	67.13
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	67.13
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI													
NAME KAMINSKI, JOSHUA P			HIC	8Q76MH3YU71	ACNT	6360LMD642			ICN	1825134725620	ASG Y	MOA	MA01 MA15
1013940584	0513	051325	11	1	99215	25	295.00	169.85	0.00	33.97	CO-45	125.15	133.16
1013940584	0513	051325	11	1	36415		20.00	9.09	0.00	0.00	CO-253	2.72	
1013940584	0513	051325	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	10.91	8.91
1013940584	0513	051325	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-253	0.18	5.66
1013940584	0513	051325	11	1	G3002		156.72	0.00	0.00	0.00	CO-45	8.92	5.08
						REM: M86					CO-253	0.12	
1013940584	0513	051325	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	12.67	5.08
1013940584	0513	051325	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-253	0.10	
1013940584	0513	051325	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	156.72	0.00
1013940584	0513	051325	11	1	99401	25	65.00	0.00	0.00	0.00	CO-97	9.74	11.97
1013940584	0513	051325	11	1	2000F		0.00	0.00	0.00	0.00	CO-253	0.24	
						REM: N130					CO-45	34.06	30.32
PT RESP	102.02				CLAIM TOTALS		724.27	267.04	0.00	37.02	CO-253	0.62	
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	225.42
STATUS CODE 1: Processed as Primary													
NAME MENACHER, JAMES B			HIC	1F96J73EU53	ACNT	6377LMD642			ICN	1825134729530	ASG Y	MOA	MA01 MA18 MA15
1013940584	0514	051425	11	1	99214	25	241.68	120.84	0.00	24.17	CO-45	120.84	94.74
1013940584	0514	051425	11	60	J1010	RT	60.00	6.60	0.00	1.32	CO-253	1.93	
1013940584	0514	051425	11	1	20610	RT	155.00	61.13	0.00	12.23	CO-45	53.40	5.17
1013940584	0514	051425	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-253	0.11	
1013940584	0514	051425	11	1	G8476		0.00	0.00	0.00	0.00	CO-45	93.87	47.92
1013940584	0514	051425	11	1	G8420		0.00	0.00	0.00	0.00	CO-253	0.98	
1013940584	0514	051425	11	1	G8427		0.00	0.00	0.00	0.00	CO-45	34.06	30.32
1013940584	0514	051425	11	1	2000F		0.00	0.00	0.00	0.00	CO-253	0.62	
						REM: N620							0.00
PT RESP	37.72				CLAIM TOTALS		521.68	219.51	0.00	37.72		305.81	178.15
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	178.15
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: MUTUAL OF OMAHA													
NAME SOTTOVIA, STEVEN T			HIC	6JQ6W19MC62	ACNT	6293LMD642			ICN	1825134298820	ASG Y	MOA	MA01 MA18 MA15
1306898036	0509	050925	11	1	99214	25	219.00	120.84	120.84	0.00	CO-45	98.16	0.00
1306898036	0509	050925	11	1	G2211		25.00	15.26	0.06	3.04	CO-45	9.74	11.92
1306898036	0509	050925	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-253	0.24	
1306898036	0509	050925	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06	30.32
1306898036	0509	050925	11	1	0513F		0.00	0.00	0.00	0.00	CO-253	0.62	
1306898036	0509	050925	11	1	2000F		0.00	0.00	0.00	0.00	CO-45	34.06	30.32
						REM: N620					CO-253	0.62	
PT RESP	123.94				CLAIM TOTALS		374.00	197.98	120.90	3.04		177.50	72.56
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	72.56
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: AMERICAN CONTINENTAL INSU.													



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DATE: 2025-05-28

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	9	2506.05	1111.76	120.90	142.83	1411.25	831.07	0.00	831.07

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

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

CO-253 Sequestration - reduction in federal spending

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

M86 Service denied because payment already made for same / similar procedure within set time frame.

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.

N20 Service not payable with other service rendered on the same date.

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).

