WPS GHA - MAC J8 MI PART B [] P.O. BOX 8939 MADISON, WI 53708 (866)234-7331

TIMOTHY J. TOBOLIC, MD, PLLC 7740 BYRON CENTER AVE SW STE 202 BYRON CENTER, MI 493156929

NPI #: 1982923660 PAGE #: 1 of 2 DATE: 2025-04-01 EFT #: 899060095 TAX ID #: 272620668

REND PROV	SERV I	DATE	POS	NOS	PROC	MODS		BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	r	PROV PD
NAME KLIN	GE, MAR	JORIE .	A	HIC	2VU0G0	G7DG19	ACNT	5323LMD64	42	ICN 1	8250776621	.50 ASG :	Y MOA	MA01 MA18 M
30689803	6 0317 0	031725	11	1 9	99214 2	25		219.00	120.84	120.84	0.00	CO-45	98.16	0.00
30689803				1 (G0446 2	TIX		61.88	30.94	0.00	0.00	CO-45	30.94	30.32
30003003	0 0017 0			- `				01.00	30.31	0.00	0.00	CO-253	0.62	
30689803	6 0217 (121725	11	1 /	G2211			25.00	15.26	15.26	0.00	CO-45	9.74	0.00
					2000F			0.00	0.00	0.00	0.00	CO-43	J. / 4	
30689803	0 031/ (J31/25	11	т.	2000F			0.00	0.00	0.00	0.00			0.00
		_				REM: N	620							
T RESP	136.10			(CLAIM :			305.88	167.04	136.10	0.00		139.46	30.32
DJ TO TO	TAL: PRE	EV PD				INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	30.32
TATUS CO	DE 19: E	Proces	sed a	s Pr	imary,	Forwar	ded to	o Addition	nal Payer(s)				
LAIM INF									-					
AME STIT	ZEL, JOH	IN M		HIC	6XH7C	J9HP46	ACNT	5321LMD64	42	ICN 1	8250776621	.40 ASG	Y MOA	MA01 MA18 M
30689803	6 0317 (31725	11	1 9	99214 2	25		219.00	120.84	0.00	24.17	CO-45	98.16	94.74
												CO-253	1.93	
30689803	6 0217 (121725	11	1 /	G0446 2	VII		61.88	30.94	0.00	0.00	CO-45	30.94	30.32
50003003	0 031/ (JJ1/43	11	т (30110 A	r O		01.00	30.34	0.00	0.00			
				_								CO-253	0.62	
30689803	6 0317 (31725	11	1 (G2211			25.00	15.26	0.00	3.05	CO-45	9.74	
												CO-253	0.24	
30689803	6 0317 0	31725	11	1 :	2000F			0.00	0.00	0.00	0.00			0.00
			_			REM: N	620							
r resp	27.22	2		,	CLAIM :			305.88	167.04	0.00	27.22		141.63	137.03
				,	CDAIM .		nam.					0 00		
OJ TO TO			_			INTER		0.00		FILING	CHARGE	0.00	NET	137.03
									nal Payer(ន)				
LAIM INF	ORMATION	N FORW	ARDEL	TO:	AMERI	CAN CON	TINEN	TAL INSU.						
ME VAND	ERVEEN.	PATRT	CTA A	HTC	9FG6RI	K1EM53	ACNT	5317LMD64	42	TCN 1	8250776621	10 ASG	Y MOA	MA01 MA18 M
30689803					G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
30009003	0 031/ (J31/25	11	т (G0439			361.00	121.05	0.00	0.00			119.41
												CO-253	2.44	
30689803	6 0317 (031725	11	1 9	99397 3	33		341.00	0.00	0.00	0.00	PR-96	341.00	0.00
						REM: N	130							
30689803	6 0317 (31725	11	1 9	99497	33		132.00	77.66	0.00	0.00	CO-45	54.34	76.11
												CO-253	1.55	
20600002	c 0217 (121725	11	1 (00214	2 E		241.68	120 04	0.00	24.17	CO-45	120.84	94.74
30689803	0 031/ (J31/25	11	т:	99214 2	25		241.00	120.84	0.00	24.1/			
												CO-253	1.93	
30689803	6 0317 (031725	11	1 (G0136 3	33		34.80	17.40	0.00	0.00	CO-45	17.40	17.05
												CO-253	0.35	
30689803	6 0317 (031725	11	1 (G2211			25.00	15.26	0.00	3.05	CO-45	9.74	11.97
30003003	0 0017 0			- '	0222			23.00	13.10	0.00	3.03	CO-253	0.24	
					26445									
30689803	o 0317 (J31/25	TT	т.	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
30689803	6 0317 (31725	11	1 (G0442	ΧU		30.00	16.22	0.00	0.00	CO-45	13.78	15.90
												CO-253	0.32	
30689803	6 0317 (131725	11	1 /	G0444	זוצ		29.45	16.22	0.00	0.00	CO-45	13.23	
5005603	O O O D I / (JJ 1 4 5		Τ (GUTTT A			49.73	10.22	0.00	0.00			
				_								CO-253	0.32	
30689803	6 0317 (31725	11	1 (G9622			0.00	0.00	0.00	0.00			0.00
						REM: N	620							
30689803	6 0317 (031725	11	1 (G8510			0.00	0.00	0.00	0.00			0.00
				- `		REM: N	620		- • • •	3.00				
0,00000	C 0217 1		11		1026-	KEM: N	020	0 00	0 00	0 00	0 00			2 22
30689803	o 0317 (J31/25	TT	т.	1036F			0.00	0.00	0.00	0.00			0.00
						REM: N	620							
r RESP	368.22	2		(CLAIM :	TOTALS		1214.93	394.54	0.00	27.22		827.72	359.99
DJ TO TO	TAL: PRE	EV PD				INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	359.99
			sed =	s Pr	imarv				nal Payer(· -	
								FE INSURAL		-,				
OTALS:	# OF	В	ILLED)	ALLO	WED	DED	UCT	COINS	TOTAL	PROV I	D PI	ROV	CHECK
	CLAIMS		AMT		AM'	г	AM'	т	AMT	RC-AMT	AMT	AD.	J AMT	AMT
	3		826.6	.		8.62		6.10		1108.8			0.00	527.34

GLOSSARY: GROUP, REASON, MOA, REMARK AND REASON CODES CO-253 Sequestration - reduction in federal spending

728.62

1826.69

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

136.10

1108.81

54.44



527.34

0.00

527.34

WPS GHA - MAC J8 MI PART B REMITTANCE NPI #: 1982923660 TIMOTHY J. TOBOLIC, MD, PLLC ADVICE 899060095 PAGE #: 2 of 2 DATE: 2025-04-01 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 EFT #: 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.

Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the MA15 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. N620 Alert: This procedure code is for quality reporting / informational purposes only. PR-1 Deductible Amount PR-2 Coinsurance Amount Non-covered charge(s). PR-96