

WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
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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: 2025-02-28
NONPAY #: 393412294
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HAMMOND, KIM S					HIC 6MW2DK6GW92	ACNT 4950LMD642			ICN 1825056646672	ASG Y	MOA MA15	
1013940584	0224	022425	11	1	3074F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0224	022425	11	1	3078F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0224	022425	11	1	3060F		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 SOTTOVIA, STEVEN T					HIC 6JQ6W19MC62	ACNT 4882LMD642			ICN 1825058690132	ASG Y	MOA MA15	
1306898036	0219	021925	11	1	36415		20.00	0.00	0.00	CO-16	20.00	0.00
					REM: N265 N276 MA13 MA130							
1306898036	0219	021925	11	1	G0444 XU 33		29.45	0.00	0.00	CO-16	29.45	0.00
					REM: M20 MA130							
1306898036	0219	021925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1306898036	0219	021925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
PT RESP	0.00				CLAIM TOTALS		49.45	0.00	0.00	0.00	49.45	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
	2	49.45	0.00	0.00	0.00	49.45	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.
M20 Missing / incomplete / invalid HCPCS.
MA13 Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.
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.
MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
N265 Missing / incomplete / invalid ordering provider primary identifier.
N276 Missing / incomplete / invalid other payer referring provider identifier.
N517 Resubmit a new claim with the requested information.

