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 1 DATE: 2025-08-27 NONPAY #: 393782292 TAX ID #: 272620668

REND PROV	SERV	DATE	POS	NOS	PROC	C MOD	S	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PD
NAME DYKS	TRA, M	ICHAEL		HIC	1KC7I	DAORX68	ACNT	7066LMD64	12	ICN 1	8252326879	10 ASG	Y MOA	MA01 MA18 MA
L01394058	4 0619	061925	11	1	G0439			243.70	0.00	0.00	0.00	CO-151	243.70	0.00
						REM:	MA01							
L01394058	4 0619	061925	11	1	99214	25		241.68	120.84	120.84	0.00	CO-45	120.84	0.00
L01394058	4 0619	061925	11	1	99497	33		155.32	0.00	0.00	0.00	CO-B13	155.32	0.00
L01394058	4 0619	061925	11	1	G2211			25.00	15.26	15.26	0.00	CO-45	9.74	0.00
L01394058	4 0619	061925	11		G0136	33		34.80	0.00	0.00	0.00	CO-151	34.80	0.00
						REM:	MA01							
L01394058	4 0619	061925	11	1	36415			20.00	0.00	0.00	0.00	CO-B13	20.00	0.00
L01394058				1	G0442	IIX		30.00	0.00	0.00	0.00	CO-151	30.00	0.00
		00-2-0		_		REM:	MA 0 1					00 -0-	50000	• • • • • • • • • • • • • • • • • • • •
L01394058	4 0619	061925	11	1	G0444			29.45	0.00	0.00	0.00	CO-151	29.45	0.00
101331030	1 0017	001525		_	30111	REM:	M2 Ω1	23.13	0.00	0.00	0.00	CO 131	27.15	0.00
L01394058	4 0619	061925	11	1	0513F	KISH.	HAUL	0.00	0.00	0.00	0.00			0.00
101334036	4 0013	001925	11	_	USISE	REM:	MC 20	0.00	0.00	0.00	0.00			0.00
L01394058	4 0610	061005	11	-	G9622		NOZU	0.00	0.00	0.00	0.00			0.00
101394056	4 0619	061925	11		G9622		***	0.00	0.00	0.00	0.00			0.00
		061005		_		REM:	N620							
L01394058	4 0619	061925	11	Т	1036F			0.00	0.00	0.00	0.00			0.00
						REM:								
T RESP	136.	10			CLAIM	TOTALS		779.95	136.10	136.10	0.00		643.85	0.00
ADJ TO TO	TAL: P	REV PD			_		REST	0.00		FILING	CHARGE	0.00	NET	0.00
ADJ TO TO	TAL: P	REV PD Proces				, Forwa	rded t	0.00 o Addition			CHARGE	0.00	NET	0.00
ADJ TO TO	TAL: P	REV PD Proces				, Forwa	rded t				CHARGE	0.00	NET	0.00
ADJ TO TO STATUS CO CLAIM INF	TAL: PODE 19:	REV PD Proces ON FORW	ARDEI	TO:	MUTUZ	, Forwa	rded t	o Addition	nal Payer(s)				
ADJ TO TO STATUS CO CLAIM INF	TAL: PODE 19: ORMATI	REV PD Process ON FORW	ARDEI	HIC	MUTUZ	, Forwa	rded t	o Addition	nal Payer(icn 1	.8252347311	.40 ASG	Y MOA	MA01 MA15
ADJ TO TO STATUS CO LAIM INF IAME DYKS	TAL: PODE 19: CORMATION TRA, M	REV PD Process ON FORW ICHAEL 061925	ARDEI	HIC 1	: MUTUZ C 1KC7I G0439	Forwa L OF C	rded t	7066LMD64 243.70	nal Payer(:	ICN 1 0.00	.8252347311 0.00	40 ASG CO-B13	Y MOA 243.70	MA01 MA15 0.00
DJ TO TO TTATUS CO LAIM INF IAME DYKS .01394058 .01394058	TAL: P. DE 19: ORMATI TRA, M 4 0619 4 0619	Procession FORWARD TCHAEL 061925 061925	11 11	HIC 1	: MUTUZ C 1KC7I G0439 99214	Forwa AL OF COAORX68	rded t	7066LMD64 243.70 241.68	0.00 0.00	ICN 1 0.00 0.00	.8252347311 0.00 0.00	.40 ASG CO-B13 CO-B13	Y MOA 243.70 241.68	MA01 MA15 0.00 0.00
DJ TO TO TATUS CO LAIM INF IAME DYKS 01394058 01394058	TAL: P. DE 19: ORMATI TRA, M 4 0619 4 0619 4 0619	PREV PD Process ON FORWA ICHAEL 061925 061925 061925	11 11 11 11	HIC 1 1	: MUTU# C 1KC7I G0439 99214 99497	Forwa AL OF COAORX68	rded t	7066LMD64 243.70 241.68 155.32	0.00 0.00 0.00	ICN 1 0.00 0.00 0.00	8252347311 0.00 0.00 0.00	.40 ASG CO-B13 CO-B13 CO-B13	Y MOA 243.70 241.68 155.32	MA01 MA15 0.00 0.00 0.00
DJ TO TO TATUS CO TAIM INF TAME DYKS .01394058 .01394058 .01394058	TAL: PDE 19: ORMATI TRA, M 4 0619 4 0619 4 0619 4 0619	REV PD Process ON FORW ICHAEL 061925 061925 061925	11 11 11 11	HIC 1 1 1	MUTUA G1KC7I G0439 99214 99497 G2211	, Forward OF COAORX68	rded t	7066LMD64 243.70 241.68 155.32 25.00	0.00 0.00 0.00 0.00	ICN 1 0.00 0.00 0.00 0.00	8252347311 0.00 0.00 0.00 0.00	.40 ASG CO-B13 CO-B13 CO-B13 CO-B13	Y MOA 243.70 241.68 155.32 25.00	MA01 MA15 0.00 0.00 0.00 0.00
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GLOSSARY: GROUP, REASON, MOA, REMARK AND REASON CODES

Payment adjusted because the payer deems the information submitted does not support this many services. Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement. CO-151

CO-45

CO-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment. MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. 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.

Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the MA15 other services reported.

Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any MA18 questions regarding supplemental benefits to them.

N620 Alert: This procedure code is for quality reporting/informational purposes only.

PR-1 Deductible Amount

