

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 1
DATE: 2025-04-11
EFT #: 899093546
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ROMME, JANIS					HIC 3RK9CK4HE39	ACNT 5527LMD642				ICN 1825087650370	ASG Y	MOA MA01
1013940584	1218	121824	11	1	36415		20.00	8.83	0.00	0.00	CO-45	11.17 8.65
											CO-253	0.18
PT RESP	0.00				CLAIM TOTALS		20.00	8.83	0.00	0.00		11.35 8.65
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 8.65
STATUS CODE 1: Processed as Primary												

NAME VANDERVEEN, ROBERT E					HIC 8QJ1AT0PJ23	ACNT 5543LMD642				ICN 1825087650420	ASG Y	MOA MA01 MA18 MA15
1306898036	0328	032825	11	1	99213 25		146.00	85.63	0.00	17.13	CO-45	60.37 67.13
											CO-253	1.37
1306898036	0328	032825	11	1	G0446 XU		61.88	30.94	0.00	0.00	CO-45	30.94 30.32
											CO-253	0.62
1306898036	0328	032825	11	1	1036F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	17.13				CLAIM TOTALS		207.88	116.57	0.00	17.13		93.30 97.45
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 97.45
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: LOYAL AMERICAN LIFE INSURANCE CO												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	227.88	125.40	0.00	17.13	104.65	106.10	0.00	106.10

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

CO-253 Sequestration - reduction in federal spending
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
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.
N620 Alert: This procedure code is for quality reporting / informational purposes only.
PR-2 Coinsurance Amount

