

WPS GHA - MAC J8 MI PART B []
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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: 2025-05-12
NONPAY #: 393572003
TAX ID #: 272620668

| REND | PROV | SERV DATE | POS | NOS | PROC | MODS | BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AMT | PROV PD |
|-------------------------------------|--------|-----------|---------|-------------|-----------------|------------|---------|---------|--------------------|---------------|------------|----------|
| NAME KLUGIEWICZ, JAMES A | | | HIC | 8XU9AQ1QK32 | ACNT | 6203LMD642 | | | ICN | 1825127750282 | ASG Y | MOA MA15 |
| 1013940584 | 0506 | 050625 | 11 | 1 | 3008F | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | | | | | REM: N517 MA130 | | | | | | | |
| 1013940584 | 0506 | 050625 | 11 | 1 | 2001F | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | | | | | REM: N517 MA130 | | | | | | | |
| 1013940584 | 0506 | 050625 | 11 | 1 | 1000F | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | | | | | REM: N517 MA130 | | | | | | | |
| 1013940584 | 0506 | 050625 | 11 | 1 | 1159F | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | | | | | REM: N517 MA130 | | | | | | | |
| 1013940584 | 0506 | 050625 | 11 | 1 | 1160F | | 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 | 0.00 |
| STATUS CODE 1: Processed as Primary | | | | | | | | | | | | |
| NAME WEAVER, REBECCA L | | | HIC | 3G58QM6DM63 | ACNT | 6265LMD642 | | | ICN | 1825129606442 | ASG Y | MOA MA15 |
| 1306898036 | 0421 | 042125 | 11 | 1 | 3052F | | 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 | 0.00 |
| STATUS CODE 1: Processed as Primary | | | | | | | | | | | | |
| TOTALS: | # OF | BILLED | ALLOWED | DEDUCT | COINS | TOTAL | PROV PD | PROV | CHECK | | | |
| | CLAIMS | AMT | AMT | AMT | AMT | RC-AMT | AMT | ADJ AMT | AMT | | | |
| | 2 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | |

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

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.

N517 Resubmit a new claim with the requested information.

