

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 2
DATE: 2025-08-26
EFT #: 899487247
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME CARTER, RICHARD A					HIC 5DE5EW9VV50	ACNT	7962LMD642			ICN 1825224632970	ASG Y	MOA MA01	MA15
1306898036	0811	081125	11	1	99213		146.00	85.63	0.00	17.13	CO-45	60.37	67.13
											CO-253	1.37	
1306898036	0811	081125	11	1	G8476		0.00	0.00	0.00	0.00			0.00
						REM: N620							
1306898036	0811	081125	11	1	G8417		0.00	0.00	0.00	0.00			0.00
						REM: N620							
1306898036	0811	081125	11	1	2000F		0.00	0.00	0.00	0.00			0.00
						REM: N620							
PT RESP		17.13			CLAIM TOTALS		146.00	85.63	0.00	17.13		61.74	67.13
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET	67.13
STATUS CODE 1: Processed as Primary													

NAME DYKSTRA, MICHAEL					HIC 1KC7DA0RX68	ACNT	7066LMD642			ICN 1825224632890	ASG Y	MOA MA01	MA18	MA15
1013940584	0619	061925	11	1	99497 33		155.32	77.66	77.66	0.00	CO-45	77.66	0.00	
1013940584	0619	061925	11	1	81003 QW		33.60	2.25	0.00	0.00	CO-45	31.35	2.20	
											CO-253	0.05		
1013940584	0619	061925	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00	
						REM: N390								
1013940584	0619	061925	11	1	G0136 33		34.80	0.00	0.00	0.00	CO-16	34.80	0.00	
						REM: M51								
1013940584	0619	061925	11	1	36415		20.00	0.00	0.00	0.00	CO-B13	20.00	0.00	
1013940584	0619	061925	11	1	G0442 XU		30.00	0.00	0.00	0.00	CO-151	30.00	0.00	
						REM: MA01								
1013940584	0619	061925	11	1	G0444 XU		29.45	0.00	0.00	0.00	CO-151	29.45	0.00	
						REM: MA01								
1013940584	0619	061925	11	1	0513F		0.00	0.00	0.00	0.00			0.00	
						REM: N620								
1013940584	0619	061925	11	1	G9622		0.00	0.00	0.00	0.00			0.00	
						REM: N620								
1013940584	0619	061925	11	1	1036F		0.00	0.00	0.00	0.00			0.00	
						REM: N620								
PT RESP		77.66			CLAIM TOTALS		328.17	79.91	77.66	0.00		248.31	2.20	
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET	2.20	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: MUTUAL OF OMAHA														



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	MINER, DIANA J					HIC 6E71H52TH12	ACNT	7980LMD642			ICN 1825224632920	ASG Y	MOA	MA01 MA18 MA15
1013940584	0812	081225	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
1013940584	0812	081225	11	1	99497	33		132.00	77.66	0.00	0.00	CO-253	2.44	
1013940584	0812	081225	11	1	99214	25		219.00	120.84	120.84	0.00	CO-45	54.34	76.11
1013940584	0812	081225	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-253	1.55	
1013940584	0812	081225	11	1	36415			20.00	9.09	0.00	0.00	CO-45	98.16	0.00
1013940584	0812	081225	11	1	G2211			25.00	15.26	15.26	0.00	CO-45	34.06	30.32
1013940584	0812	081225	11	1	83036	QW		60.90	9.71	0.00	0.00	CO-253	0.62	
1013940584	0812	081225	11	1	G0136	33		65.00	17.40	0.00	0.00	CO-45	10.91	8.91
1013940584	0812	081225	11	1	G0442	XU		30.00	16.22	0.00	0.00	CO-253	0.18	
1013940584	0812	081225	11	1	G0444	XU		29.45	16.22	0.00	0.00	CO-45	9.74	0.00
1013940584	0812	081225	11	1	G9622			0.00	0.00	0.00	0.00	CO-253	51.19	9.52
1013940584	0812	081225	11	1	G8510			0.00	0.00	0.00	0.00	CO-45	0.19	
1013940584	0812	081225	11	1	0513F			0.00	0.00	0.00	0.00	CO-45	47.60	17.05
1013940584	0812	081225	11	1	G8427			0.00	0.00	0.00	0.00	CO-253	0.35	
PT RESP	136.10					CLAIM TOTALS		1007.35	435.19	136.10	0.00		578.13	293.12
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	293.12
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP														

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	1481.52	600.73	213.76	17.13	888.18	362.45	0.00	362.45

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

CO-151	Payment adjusted because the payer deems the information submitted does not support this many services.
CO-16	Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.
CO-234	This procedure is not paid separately. Check Remittance Remark Codes for details.
CO-253	Sequestration - reduction in federal spending
CO-45	Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-B13	Previously paid. Payment for this claim / service may have been provided in a previous payment.
M51	Missing/incomplete/invalid procedure code(s).
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.
N390	This service/report cannot be billed separately.
N620	Alert: This procedure code is for quality reporting/informational purposes only.
PR-1	Deductible Amount
PR-2	Coinsurance Amount

