

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 2
DATE: 2025-04-25
EFT #: 899133386
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	KLUGIEWICZ, PHYLLIS		HIC	6Q57HU8AT30	ACNT	5680LMD642				ICN	1825098655490	ASG	Y
1013940584	0407	040725	11	1	99214	25	219.00	120.84	0.00	24.17	CO-45	98.16	MA01
											CO-253	1.93	MA18
											CO-234	25.00	MA15
1013940584	0407	040725	11	1	G2211		25.00	0.00	0.00	0.00			
						REM: N20							
1013940584	0407	040725	11	1	2000F		0.00	0.00	0.00	0.00			
						REM: N620							
PT RESP	24.17				CLAIM TOTALS		244.00	120.84	0.00	24.17		125.09	94.74
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	94.74
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: WPS - TRICARE FOR LIFE													

NAME	MAYS, LINDA S		HIC	9KA7DM6WT63	ACNT	5662LMD642				ICN	1825098655450	ASG	Y
1306898036	0404	040425	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15	MA01
											CO-253	2.44	MA07
											PR-96	327.00	MA15
1306898036	0404	040425	11	1	99396	25	327.00	0.00	0.00	0.00			
						REM: N130							
1306898036	0404	040425	11	1	G0136	33	34.80	17.40	0.00	0.00	CO-45	17.40	17.05
											CO-253	0.35	
1306898036	0404	040425	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
						REM: N390							
1306898036	0404	040425	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
											CO-253	0.18	
1306898036	0404	040425	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92	5.66
											CO-253	0.12	
1306898036	0404	040425	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67	5.08
											CO-253	0.10	
1306898036	0404	040425	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-253	0.62	
1306898036	0404	040425	11	1	99401	33	65.00	0.00	0.00	0.00	PR-96	65.00	0.00
						REM: N130							
1306898036	0404	040425	11	1	G9622		0.00	0.00	0.00	0.00			0.00
						REM: N620							
1306898036	0404	040425	11	1	G9899		0.00	0.00	0.00	0.00			0.00
						REM: N620							
1306898036	0404	040425	11	1	G8510		0.00	0.00	0.00	0.00			0.00
						REM: N620							
PT RESP	392.00				CLAIM TOTALS		930.35	190.24	0.00	0.00		743.92	186.43
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	186.43
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS													

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	1174.35	311.08	0.00	24.17	869.01	281.17	0.00	281.17

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

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.

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.

MA07 Alert: The claim information has also been forwarded to Medicaid for review.

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.

N130 Consult plan benefit documents / guidelines for information about restrictions for this service.

N20 Service not payable with other service rendered on the same date.

N390 This service / report cannot be billed separately.

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



WPS GHA - MAC J8 MI PART B

NPI #: 1982923660

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PR-2 Coinsurance Amount

PR-96 Non-covered charge(s).

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PAGE #: 2 of 2

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