

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 1
DATE: 2025-03-05
NONPAY #: 393422561
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME OLNEY, NAN				HIC 8T71YW7RC97	ACNT 4983LMD642			ICN 1825057620540	ASG Y	MOA MA01 MA18 MA15	
1306898036	0225	022525	11	1 99214		219.00	120.84	120.84	0.00	CO-45	98.16 0.00
1306898036	0225	022525	11	1 G2211		25.00	15.26	15.26	0.00	CO-45	9.74 0.00
1306898036	0225	022525	11	1 2000F		0.00	0.00	0.00	0.00		0.00

PT RESP 136.10 CLAIM TOTALS 244.00 136.10 136.10 0.00 107.90 0.00
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI

NAME VANDERVEEN, PATRICIA A	HIC 9FG6RK1EM53	ACNT 5047LMD642	ICN 1825063654912	ASG Y	MOA MA15	
1306898036	0228	022825	11	1 3074F		0.00 0.00 0.00 0.00 0.00
1306898036	0228	022825	11	1 3078F		0.00 0.00 0.00 0.00 0.00

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 NET 0.00
STATUS CODE 1: Processed as Primary

NAME WEAVER, REBECCA L	HIC 3G58QM6DM63	ACNT 5036LMD642	ICN 1825059574630	ASG Y	MOA MA01	
1306898036	0123	012325	11	1 G0180		99.42 0.00 0.00 0.00 CO-16 99.42 0.00

PT RESP 0.00 CLAIM TOTALS 99.42 0.00 0.00 0.00 99.42 0.00
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00
STATUS CODE 1: Processed as Primary

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	343.42	136.10	136.10	0.00	207.32	0.00	0.00	0.00

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

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

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.

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.

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

N320 Missing / incomplete / invalid Home Health Certification Period.

N517 Resubmit a new claim with the requested information.

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

PR-1 Deductible Amount

