

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: 2025-04-07  
EFT #: 899076976  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	CARPENTER, DONALD C		HIC	9NE3RN6XT76	ACNT	5408LMD642				ICN	1925083079610	ASG	Y
1013940584	0321	032125	11	1	99215	25	295.00	169.85	0.00	33.97	CO-45	125.15	133.16
1013940584	0321	032125	11	1	G2211		25.00	0.00	0.00	0.00	CO-253	2.72	
						REM: N20					CO-234	25.00	0.00
1013940584	0321	032125	11	1	93000		71.00	13.33	0.00	2.67	CO-45	57.67	10.45
											CO-253	0.21	
PT RESP	36.64					CLAIM TOTALS	391.00	183.18	0.00	36.64		210.75	143.61
ADJ TO TOTAL: PREV PD						INTEREST	0.00			LATE FILING CHARGE	0.00	NET	143.61
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: PRIORITY HEALTH													

NAME	DEKLEINE, BETTY L		HIC	5T86XF2JU62	ACNT	5411LMD642				ICN	1925083079690	ASG	Y
1013940584	0310	031025	11	1	99213	25	146.00	85.63	0.00	17.13	CO-45	60.37	67.13
											CO-253	1.37	
1013940584	0310	031025	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
						REM: N20							
1013940584	0310	031025	11	1	11602		319.00	225.24	0.00	45.05	CO-45	93.76	176.59
											CO-253	3.60	
PT RESP	62.18					CLAIM TOTALS	490.00	310.87	0.00	62.18		184.10	243.72
ADJ TO TOTAL: PREV PD						INTEREST	0.00			LATE FILING CHARGE	0.00	NET	243.72
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	881.00	494.05	0.00	98.82	394.85	387.33	0.00	387.33

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.

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.

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

PR-2 Coinsurance Amount

