

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: 2025-07-23
NONPAY #: 393710571
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BAXTER, PATRICIA E					HIC 8N24TG1MW08	ACNT 7231LMD642			ICN 1825197653572		ASG Y	MOA MA01 MA15
1306898036	0701	070125	11	1	0513F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0701	070125	11	1	G8420		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0701	070125	11	1	G8427		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	0.00				CLAIM TOTALS		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 HANSEN, DEBRA R					HIC 1PV6X96DW72	ACNT 7472LMD642			ICN 1825197653612		ASG Y	MOA MA01 MA15
1013940584	0708	070825	11	1	G8476		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0708	070825	11	1	G8420		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0708	070825	11	1	G8427		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	0.00				CLAIM TOTALS		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 JONKER, JEFFREY S					HIC 5XM8RX0WM37	ACNT 7270LMD642			ICN 1825190711634		ASG Y	MOA MA15
1013940584	0703	070325	11	1	3075F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0703	070325	11	1	3079F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0703	070325	11	1	3078F		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
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 1: Processed as Primary												

NAME LANINGA, GERALD					HIC 8E04JJ9RQ91	ACNT 7278LMD642			ICN 1925188130120		ASG Y	MOA MA01 MA18 MA15
1013940584	0703	070325	11	1	99213 25		146.00	85.63	85.63	0.00	CO-45	60.37 0.00
1013940584	0703	070325	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00 0.00
					REM: N20							
PT RESP	85.63				CLAIM TOTALS		171.00	85.63	85.63	0.00		85.37 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 LANINGA, GERALD					HIC 8E04JJ9RQ91	ACNT 7278LMD642			ICN 1925188130122		ASG Y	MOA MA01 MA15
1013940584	0703	070325	11	1	0513F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0703	070325	11	1	G8427		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	0.00				CLAIM TOTALS		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												



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PAGE #: 2 of 2

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ADVICE
DATE: 2025-07-23

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	STEENWYK, ROGER D				HIC	7EY0VR0FP10	ACNT 7304LMD642			ICN 1825190711714	ASG Y	MOA MA15	
1013940584	0708	070825	11	1	3075F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0708	070825	11	1	3078F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0708	070825	11	1	3051F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0708	070825	11	1	3008F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0708	070825	11	1	2001F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0708	070825	11	1	1000F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0708	070825	11	1	1159F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0708	070825	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	NET	0.00
STATUS CODE 1: Processed as Primary													
NAME	WEAVER, REBECCA L				HIC	3G58QM6DM63	ACNT 7438LMD642			ICN 1825196642842	ASG Y	MOA MA01 MA15	
1306898036	0714	071425	11	1	1036F		0.00	0.00	0.00	0.00			0.00
						REM: N620							
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													

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	7	171.00	85.63	85.63	0.00	85.37	0.00	0.00	0.00

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

CO-234	This procedure is not paid separately. 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.
N20	Service not payable with other service rendered on the same date.
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

