

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES []
P.O. BOX 30479
LANSING, MI 48909

REMITTANCE
ADVICE

TIMOTHY TOBOLIC, MD, PLLC [CV0012104]
7740 BYRON CENTER AVE SW

BYRON CENTER, MI 493156928

TAX ID #: 272620668
PAGE #: 1 of 2
DATE: 2025-04-16
CHECK #: 108565849

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME WOZNIAK, WAYNE R			HIC	1153820282	ACNT	2634LMD642	ICN			312505210474404000	ASG Y	MOA
1306898036	1016	101624	11	1	G0442 XU		30.00	0.00	0.00	0.00	OA-133	30.00
1306898036	1016	101624	11	1	G2211		25.00	0.00	0.00	0.00	OA-133	25.00
1306898036	1016	101624	11	1	3074F		0.00	0.00	0.00	0.00		0.00
1306898036	1016	101624	11	1	3078F		0.00	0.00	0.00	0.00		0.00
1306898036	1016	101624	11	1	G8476		0.00	0.00	0.00	0.00		0.00
1306898036	1016	101624	11	1	G8418		0.00	0.00	0.00	0.00		0.00
1306898036	1016	101624	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	1016	101624	11	1	G8510		0.00	0.00	0.00	0.00		0.00
1306898036	1016	101624	11	1	G0438		361.00	0.00	0.00	0.00	OA-133	361.00
1306898036	1016	101624	11	1	99497 33		132.00	0.00	0.00	0.00	OA-133	132.00
1306898036	1016	101624	11	1	99214 25		248.84	110.94	0.00	0.00	CO-45	137.90
1306898036	1016	101624	11	1	G0444 XU 33		29.45	0.00	0.00	0.00	OA-133	29.45
PT RESP			0.00	CLAIM TOTALS			826.29	110.94	0.00	0.00		715.35
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET
STATUS CODE 1: Processed as Primary												110.94

NAME GODLEY, TAYLOR			HIC	1034462857	ACNT	5267LMD642	ICN			322510010011373000	ASG Y	MOA	MA114
1306898036	0314	031425	11	1	99214 25		219.00	0.00	0.00	0.00	CO-204	219.00	0.00
				REM: MA125 N442 N130									
1306898036	0314	031425	11	1	99401 33		40.00	0.00	0.00	0.00	CO-204	40.00	0.00
				REM: N130									
1306898036	0314	031425	11	1	G8431		0.00	0.00	0.00	0.00			0.00
				REM: N130									
PT RESP			0.00	CLAIM TOTALS			259.00	0.00	0.00	0.00		259.00	0.00
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET	0.00
STATUS CODE 4: Denied													

NAME HYDE, WARREN			HIC	1239663325	ACNT	5555LMD642	ICN			312510070138501000	ASG Y	MOA	M47
1306898036	0328	032825	11	1	99213		146.00	0.00	0.00	0.00	CO-16	146.00	0.00
				REM: N442									
1306898036	0328	032825	11	1	G8420		0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825	11	1	3078F		0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825	11	1	1036F		0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825	11	1	3008F		0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825	11	1	2001F		0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825	11	1	2000F		0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825	11	1	1000F		0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825	11	1	1159F		0.00	0.00	0.00	0.00			0.00
1306898036	0328	032825	11	1	1160F		0.00	0.00	0.00	0.00			0.00
PT RESP			0.00	CLAIM TOTALS			146.00	0.00	0.00	0.00		146.00	0.00
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET	0.00
STATUS CODE 4: Denied													

NAME PERALES, VINCENT			HIC	0097391730	ACNT	5801LMD642	ICN			312510510083421000	ASG Y	MOA	
1306898036	0411	041125	11	1	99213		146.00	0.00	0.00	0.00	CO-24	146.00	0.00
				REM: N442 MA125									
1306898036	0411	041125	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0411	041125	11	1	3079F		0.00	0.00	0.00	0.00			0.00
PT RESP			0.00	CLAIM TOTALS			146.00	0.00	0.00	0.00		146.00	0.00
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE			0.00	NET	0.00
STATUS CODE 4: Denied													

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	4	1377.29	110.94	0.00	0.00	1266.35	110.94	0.00	110.94

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-204 This service / equipment / drug is not covered under the patient's current benefit plan
CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.



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M47 Missing / incomplete / invalid internal or document control number.

MA114 Missing / incomplete / invalid information on where the services were furnished.

MA125 Per legislation governing this program, payment constitutes payment in full.

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

N442 Payment based on an alternate fee schedule.

OA-133 The disposition of this claim / service is pending further review.

