

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: 2025-06-26
NONPAY #: 393662984
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BURD, MELVIN G					HIC 7RN5R16NE52	ACNT 7002LMD642			ICN 1825174885802	ASG Y	MOA MA15	
1013940584	0616	061625	11	1	3074F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0616	061625	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	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 1: Processed as Primary												

NAME CRISMAN, HAROLD					HIC 7W21VM5MJ18	ACNT 7013LMD642			ICN 1825174885842	ASG Y	MOA MA15	
1306898036	0617	061725	11	1	3074F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1306898036	0617	061725	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	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 1: Processed as Primary												

NAME LEBLOND, PATRICIA					HIC 7H63Y83GD87	ACNT 7012LMD642			ICN 1825174885742	ASG Y	MOA MA15	
1306898036	0617	061725	11	1	3075F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1306898036	0617	061725	11	1	3078F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1306898036	0617	061725	11	1	1158F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1306898036	0617	061725	11	1	1160F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1306898036	0617	061725	11	1	1159F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1306898036	0617	061725	11	1	2001F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1306898036	0617	061725	11	1	3008F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1306898036	0617	061725	11	1	2010F		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	0.00
STATUS CODE 1: Processed as Primary												

NAME MCGLEISH, SCOTT C					HIC 3UC2UD5NH86	ACNT 7014LMD642			ICN 1825169732570	ASG Y	MOA MA01 MA15	
1306898036	0617	061725	11	1	99213		146.00	85.63	85.63	0.00	CO-45	60.37
1306898036	0617	061725	11	1	G2211		25.00	15.26	15.26	0.00	CO-45	9.74
1306898036	0617	061725	11	1	G8420		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0617	061725	11	1	1036F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0617	061725	11	1	2000F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	100.89				CLAIM TOTALS		171.00	100.89	100.89	0.00	70.11	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 1: Processed as Primary												

NAME MINER, EDWARD B					HIC 3RH1KP7NJ12	ACNT 7094LMD642			ICN 1825174904752	ASG Y	MOA MA15	
1013940584	0527	052725	11	1	3078F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0527	052725	11	1	3074F		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	0.00
STATUS CODE 1: Processed as Primary												



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REMITTANCE
ADVICE
DATE: 2025-06-26

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	STILEN, MARGIE L				HIC	7YF1R22QC14	ACNT 6697LMD642			ICN 1825176727272	ASG Y	MOA MA15	
1013940584	0530	053025	11	1	99406	33	23.00	0.00	0.00	0.00	CO-16	23.00	0.00
						REM: M20 MA130							
1013940584	0530	053025	11	1	3078F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0530	053025	11	1	1160F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0530	053025	11	1	1159F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0530	053025	11	1	2001F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0530	053025	11	1	3008F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0530	053025	11	1	2010F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0530	053025	11	1	1000F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0530	053025	11	1	1220F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0530	053025	11	1	1494F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0530	053025	11	1	4000F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0530	053025	11	1	4004F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
PT RESP	0.00				CLAIM	TOTALS	23.00	0.00	0.00	0.00		23.00	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
	6	194.00	100.89	100.89	0.00	93.11	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.
M20	Missing / incomplete / invalid HCPCS.
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.
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

