

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: 2025-02-28  
EFT #: 898971896  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ADAMS, DOROTHY L			HIC	3NX6U05GH63	ACNT	4786LMD642			ICN	1825045618970	ASG Y	MOA MA01
1013940584	0211	021125	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91
											CO-253	0.18
PT RESP	0.00				CLAIM TOTALS		20.00	9.09	0.00	0.00		11.09
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												8.91
NAME DEKLEINE, JOHN C			HIC	4Q52PV4CY22	ACNT	4775LMD642			ICN	1825045618920	ASG Y	MOA MA01 MA15
1013940584	1224	122424	11	1	99213 25		146.00	87.51	0.00	17.50	CO-45	58.49
											CO-253	1.40
1013940584	1224	122424	11	1	69209		29.00	14.64	0.00	2.93	CO-45	14.36
											CO-253	0.23
1013940584	1224	122424	11	1	2000F		0.00	0.00	0.00	0.00		
					REM: N620							
PT RESP	20.43				CLAIM TOTALS		175.00	102.15	0.00	20.43		74.48
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												80.09
NAME DEKLEINE, JOHN C			HIC	4Q52PV4CY22	ACNT	4776LMD642			ICN	1825045618930	ASG Y	MOA MA01 MA15
1013940584	1204	120424	11	1	99214 25		219.00	123.66	0.00	24.73	CO-45	95.34
											CO-253	1.98
1013940584	1204	120424	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00
					REM: N20							
1013940584	1204	120424	11	1	36415		15.00	8.83	0.00	0.00	CO-45	6.17
											CO-253	0.18
1013940584	1204	120424	11	1	93000		71.00	13.72	0.00	2.74	CO-45	57.28
											CO-253	0.22
1013940584	1204	120424	11	1	90662		90.00	83.49	0.00	0.00	CO-45	6.51
											CO-253	1.67
1013940584	1204	120424	11	1	G0008		41.00	31.50	0.00	0.00	CO-45	9.50
											CO-253	0.63
1013940584	1204	120424	11	1	G8510		0.00	0.00	0.00	0.00		
					REM: N620							
PT RESP	27.47				CLAIM TOTALS		461.00	261.20	0.00	27.47		204.48
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												229.05
NAME DYKSTRA, ALBERT J			HIC	7YX9Q62NP10	ACNT	4778LMD642			ICN	1825045618940	ASG Y	MOA MA01
1013940584	0123	012325	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91
											CO-253	0.18
PT RESP	0.00				CLAIM TOTALS		20.00	9.09	0.00	0.00		11.09
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												8.91
NAME DYKSTRA, ALBERT J			HIC	7YX9Q62NP10	ACNT	4779LMD642			ICN	1825045618950	ASG Y	MOA MA01
1013940584	1220	122024	11	1	36415		15.00	8.83	0.00	0.00	CO-45	6.17
											CO-253	0.18
PT RESP	0.00				CLAIM TOTALS		15.00	8.83	0.00	0.00		6.35
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												8.65
TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK			
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT			
	5	691.00	390.36	0.00	47.90	307.49	335.61	0.00	335.61			

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.



WPS GHA - MAC J8 MI PART B  
NPI #: 1982923660 TIMOTHY J. TOBOLIC, MD, PLLC  
EFT #: 898971896 PAGE #: 2 of 2 DATE: 2025-02-28  
MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the  
other services reported.  
N20 Service not payable with other service rendered on the same date.  
N620 Alert: This procedure code is for quality reporting / informational purposes only.  
PR-2 Coinsurance Amount

