

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: 2025-03-05  
EFT #: 898981948  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME PIETROWICZ, JOSEPH A	HIC	8CU9M87DR27	ACNT	4825LMD642								
1306898036	0217	021725	11	1	99213		146.00	85.63	9.17	15.29	CO-45	60.37
											CO-253	1.22
1306898036	0217	021725	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74
											CO-253	0.24
1306898036	0217	021725	11	1	2000F		0.00	0.00	0.00	0.00		
						REM: N620						
PT RESP	27.51				CLAIM TOTALS		171.00	100.89	9.17	18.34		71.57
ADJ TO TOTAL: PREV PD					INTEREST		0.00					71.92
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: MUTUAL OF OMAHA												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	171.00	100.89	9.17	18.34	71.57	71.92	0.00	71.92

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
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.  
N620 Alert: This procedure code is for quality reporting / informational purposes only.  
PR-1 Deductible Amount  
PR-2 Coinsurance Amount

