

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: 2025-04-03  
EFT #: 899068564  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	DUPREE, NICOLE E				HIC	8PY3NX4VW75	ACNT	5388LMD642		ICN	1825079712350	ASG	Y
1306898036	0319	031925	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15
												MA01	MA18
												MA15	
1306898036	0319	031925	11	1	99497	33		132.00	77.66	0.00	0.00	CO-253	2.44
												CO-45	54.34
												CO-253	1.55
1306898036	0319	031925	11	1	99397	52		341.00	0.00	0.00	0.00	PR-96	341.00
						REM: N130							
1306898036	0319	031925	11	1	99214	25		241.68	120.84	0.00	24.17	CO-45	120.84
												CO-253	1.93
1306898036	0319	031925	11	1	G0136	33		34.80	17.40	0.00	0.00	CO-45	17.40
												CO-253	0.35
1306898036	0319	031925	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91
												CO-253	0.18
1306898036	0319	031925	11	1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92
												CO-253	0.12
1306898036	0319	031925	11	1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67
												CO-253	0.10
1306898036	0319	031925	11	1	G2211			25.00	15.26	0.00	3.05	CO-45	9.74
												CO-253	0.24
PT RESP	368.22				CLAIM TOTALS			1188.03	373.06	0.00	27.22		821.88
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET
													338.93
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: HEALTH ALLIANCE PLAN													

NAME	HANSEN, DEBRA R				HIC	1PV6X96DW72	ACNT	5386LMD642		ICN	1825079712330	ASG	Y
1013940584	0319	031925	11	1	99214	25		219.00	120.84	0.00	24.17	CO-45	98.16
												CO-253	1.93
1013940584	0319	031925	11	1	G2211			30.52	0.00	0.00	0.00	CO-234	30.52
						REM: N20							
1013940584	0319	031925	11	1	2000F			0.00	0.00	0.00	0.00		
						REM: N620							
PT RESP	24.17				CLAIM TOTALS			249.52	120.84	0.00	24.17		130.61
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET
													94.74
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: AMERICAN CONTINENTAL INSU.													

NAME	SELDERS, JOHN F				HIC	4XY4A12HY87	ACNT	5404LMD642		ICN	1825079712370	ASG	Y
1306898036	0320	032025	11	1	83036	QW		60.90	9.71	0.00	0.00	CO-45	51.19
												CO-253	0.19
PT RESP	0.00				CLAIM TOTALS			60.90	9.71	0.00	0.00		51.38
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET
													9.52
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
	3	1498.45	503.61	0.00	51.39	1003.87	443.19	0.00	443.19

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



WPS GHA - MAC J8 MI PART B  
NPI #: 1982923660  
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PR-96 Non-covered charge(s).

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PAGE #: 2 of 2

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