

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: 2025-03-25
EFT #: 899039044
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MILLER, STEVEN L					HIC 4C73XM2WD80	ACNT	5169LMD642		ICN 1825070598830	ASG Y	MOA	MA01 MA18 MA15
1013940584	0310	031025	11	1	G0402		361.00	155.30	0.00	0.00	CO-45	205.70 152.19
											CO-253	3.11
1013940584	0310	031025	11	1	99214 25		219.00	120.84	120.84	0.00	CO-45	98.16 0.00
1013940584	0310	031025	11	1	G0405		15.30	7.65	7.65	0.00	CO-45	7.65 0.00
1013940584	0310	031025	11	1	G2211		25.00	15.26	15.26	0.00	CO-45	9.74 0.00
1013940584	0310	031025	11	1	G0513		118.72	59.36	0.00	0.00	CO-45	59.36 58.17
											CO-253	1.19
1013940584	0310	031025	11	1	G0447		61.88	30.94	0.00	0.00	CO-45	30.94 30.32
											CO-253	0.62
1013940584	0310	031025	11	1	99401		0.00	0.00	0.00	0.00		0.00
						REM: N130						
PT RESP	143.75				CLAIM TOTALS		800.90	389.35	143.75	0.00		416.47 240.68
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 240.68
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	800.90	389.35	143.75	0.00	416.47	240.68	0.00	240.68

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.
N130 Consult plan benefit documents / guidelines for information about restrictions for this service.
PR-1 Deductible Amount

