

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: 2025-08-27  
NONPAY #: 393782292  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DYKSTRA, MICHAEL					HIC 1KC7DA0RX68	ACNT 7066LMD642			ICN 1825232687910	ASG Y	MOA MA01 MA18 MA15	
1013940584	0619	061925	11	1	G0439		243.70	0.00	0.00	0.00	CO-151	243.70 0.00
						REM: MA01						
1013940584	0619	061925	11	1	99214	25	241.68	120.84	120.84	0.00	CO-45	120.84 0.00
1013940584	0619	061925	11	1	99497	33	155.32	0.00	0.00	0.00	CO-B13	155.32 0.00
1013940584	0619	061925	11	1	G2211		25.00	15.26	15.26	0.00	CO-45	9.74 0.00
1013940584	0619	061925	11	1	G0136	33	34.80	0.00	0.00	0.00	CO-151	34.80 0.00
						REM: MA01						
1013940584	0619	061925	11	1	36415		20.00	0.00	0.00	0.00	CO-B13	20.00 0.00
1013940584	0619	061925	11	1	G0442	XU	30.00	0.00	0.00	0.00	CO-151	30.00 0.00
						REM: MA01						
1013940584	0619	061925	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-151	29.45 0.00
						REM: MA01						
1013940584	0619	061925	11	1	0513F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0619	061925	11	1	G9622		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0619	061925	11	1	1036F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP	136.10				CLAIM TOTALS		779.95	136.10	136.10	0.00		643.85 0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	0.00
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: MUTUAL OF OMAHA												

NAME DYKSTRA, MICHAEL					HIC 1KC7DA0RX68	ACNT 7066LMD642			ICN 1825234731140	ASG Y	MOA MA01 MA15	
1013940584	0619	061925	11	1	G0439		243.70	0.00	0.00	0.00	CO-B13	243.70 0.00
1013940584	0619	061925	11	1	99214	25	241.68	0.00	0.00	0.00	CO-B13	241.68 0.00
1013940584	0619	061925	11	1	99497	33	155.32	0.00	0.00	0.00	CO-B13	155.32 0.00
1013940584	0619	061925	11	1	G2211		25.00	0.00	0.00	0.00	CO-B13	25.00 0.00
1013940584	0619	061925	11	1	G0136	33	34.80	0.00	0.00	0.00	CO-B13	34.80 0.00
1013940584	0619	061925	11	1	36415		20.00	0.00	0.00	0.00	CO-B13	20.00 0.00
1013940584	0619	061925	11	1	0513F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0619	061925	11	1	G9622		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0619	061925	11	1	1036F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP	0.00				CLAIM TOTALS		720.50	0.00	0.00	0.00		720.50 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
	2	1500.45	136.10	136.10	0.00	1364.35	0.00	0.00	0.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-151 Payment adjusted because the payer deems the information submitted does not support this many services.  
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.  
CO-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.  
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

