

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: 2025-07-30
EFT #: 899408904
TAX ID #: 272620668

| REND | PROV | SERV DATE | POS | NOS | PROC | MODS | BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AMT | PROV PD |
|--|-------|-----------|-----|-----|-----------------|-----------------|--------|---------|--------------------|-------------------|------------|--------------------|
| NAME BAXTER, PATRICIA E | | | | | HIC 8N24TG1MW08 | ACNT 7231LMD642 | | | | ICN 1825197653570 | ASG Y | MOA MA01 MA18 MA15 |
| 1306898036 | 0701 | 070125 | 11 | 1 | 99214 25 | | 219.00 | 120.84 | 0.00 | 24.17 | CO-45 | 98.16 94.74 |
| | | | | | | | | | | | CO-253 | 1.93 |
| 1306898036 | 0701 | 070125 | 11 | 1 | G0442 XU | | 30.00 | 0.00 | 0.00 | 0.00 | CO-119 | 30.00 0.00 |
| | | | | | REM: M25 N362 | | | | | | | |
| 1306898036 | 0701 | 070125 | 11 | 1 | G2211 | | 25.00 | 15.26 | 0.00 | 3.05 | CO-45 | 9.74 11.97 |
| | | | | | | | | | | | CO-253 | 0.24 |
| 1306898036 | 0701 | 070125 | 11 | 1 | G0446 XU | | 65.00 | 30.94 | 0.00 | 0.00 | CO-45 | 34.06 30.32 |
| | | | | | | | | | | | CO-253 | 0.62 |
| PT RESP | 27.22 | | | | CLAIM TOTALS | | 339.00 | 167.04 | 0.00 | 27.22 | | 174.75 137.03 |
| ADJ TO TOTAL: PREV PD | | | | | INTEREST | | 0.00 | | LATE FILING CHARGE | 0.00 | NET | 137.03 |
| STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s) | | | | | | | | | | | | |
| CLAIM INFORMATION FORWARDED TO: INSURANCE ADMIN SOLUTIONS, LLC | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|--|-------|--------|----|---|-----------------|-----------------|--------|--------|--------------------|-------------------|--------|--------------------|
| NAME CARPENTER, DONALD C | | | | | HIC 9NE3RN6XT76 | ACNT 7360LMD642 | | | | ICN 1825191701770 | ASG Y | MOA MA01 MA18 MA15 |
| 1013940584 | 0709 | 070925 | 11 | 1 | 99214 25 | | 219.00 | 120.84 | 0.00 | 24.17 | CO-45 | 98.16 94.74 |
| | | | | | | | | | | | CO-253 | 1.93 |
| 1013940584 | 0709 | 070925 | 11 | 1 | G2211 | | 25.00 | 0.00 | 0.00 | 0.00 | CO-234 | 25.00 0.00 |
| | | | | | REM: N20 | | | | | | | |
| PT RESP | 24.17 | | | | CLAIM TOTALS | | 244.00 | 120.84 | 0.00 | 24.17 | | 125.09 94.74 |
| 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: PRIORITY HEALTH | | | | | | | | | | | | |

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|--|-------|--------|----|---|-----------------|-----------------|--------|--------|--------------------|-------------------|--------|--------------------|
| NAME HANSEN, DEBRA R | | | | | HIC 1PV6X96DW72 | ACNT 7472LMD642 | | | | ICN 1825197653610 | ASG Y | MOA MA01 MA18 MA15 |
| 1013940584 | 0708 | 070825 | 11 | 1 | 99215 25 | | 295.00 | 169.85 | 0.00 | 33.97 | CO-45 | 125.15 133.16 |
| | | | | | | | | | | | CO-253 | 2.72 |
| 1013940584 | 0708 | 070825 | 11 | 1 | 93000 | | 71.00 | 13.33 | 0.00 | 2.67 | CO-45 | 57.67 10.45 |
| | | | | | | | | | | | CO-253 | 0.21 |
| 1013940584 | 0708 | 070825 | 11 | 1 | G2211 | | 25.00 | 0.00 | 0.00 | 0.00 | CO-234 | 25.00 0.00 |
| | | | | | REM: N20 | | | | | | | |
| 1013940584 | 0708 | 070825 | 11 | 1 | 81003 | | 33.60 | 0.00 | 0.00 | 0.00 | CO-B7 | 33.60 0.00 |
| | | | | | REM: N570 | | | | | | | |
| 1013940584 | 0708 | 070825 | 11 | 1 | 36415 | | 20.00 | 9.09 | 0.00 | 0.00 | CO-45 | 10.91 8.91 |
| | | | | | | | | | | | CO-253 | 0.18 |
| PT RESP | 36.64 | | | | CLAIM TOTALS | | 444.60 | 192.27 | 0.00 | 36.64 | | 255.44 152.52 |
| ADJ TO TOTAL: PREV PD | | | | | INTEREST | | 0.00 | | LATE FILING CHARGE | 0.00 | NET | 152.52 |
| STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s) | | | | | | | | | | | | |
| CLAIM INFORMATION FORWARDED TO: AMERICAN CONTINENTAL INSU. | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|--|--------|--------|----|---|-----------------|-----------------|--------|--------|--------------------|-------------------|--------|--------------------|
| NAME ROOKUS, TIMOTHY J | | | | | HIC 3QU8K78FD36 | ACNT 7335LMD642 | | | | ICN 1825191701880 | ASG Y | MOA MA01 MA18 MA15 |
| 1013940584 | 0709 | 070925 | 11 | 1 | 99214 25 | | 219.00 | 120.84 | 98.90 | 4.39 | CO-45 | 98.16 17.20 |
| | | | | | | | | | | | CO-253 | 0.35 |
| 1013940584 | 0709 | 070925 | 11 | 1 | G0447 XU | | 65.00 | 30.94 | 0.00 | 0.00 | CO-45 | 34.06 30.32 |
| | | | | | | | | | | | CO-253 | 0.62 |
| 1013940584 | 0709 | 070925 | 11 | 1 | 99401 25 | | 65.00 | 0.00 | 0.00 | 0.00 | PR-96 | 65.00 0.00 |
| | | | | | REM: N130 | | | | | | | |
| 1013940584 | 0709 | 070925 | 11 | 1 | G0446 XU | | 65.00 | 30.94 | 0.00 | 0.00 | CO-45 | 34.06 30.32 |
| | | | | | | | | | | | CO-253 | 0.62 |
| 1013940584 | 0709 | 070925 | 11 | 1 | G2211 | | 25.00 | 15.26 | 0.00 | 3.05 | CO-45 | 9.74 11.97 |
| | | | | | | | | | | | CO-253 | 0.24 |
| PT RESP | 171.34 | | | | CLAIM TOTALS | | 439.00 | 197.98 | 98.90 | 7.44 | | 242.85 89.81 |
| ADJ TO TOTAL: PREV PD | | | | | INTEREST | | 0.00 | | LATE FILING CHARGE | 0.00 | NET | 89.81 |
| 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 |
|---------|-------------|------------|-------------|------------|-----------|--------------|-------------|--------------|-----------|
| | 4 | 1466.60 | 678.13 | 98.90 | 95.47 | 798.13 | 474.10 | 0.00 | 474.10 |

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-119 Benefit maximum for this time period or occurrence has been reached.
CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.



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NPI #: 1982923660

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ADVICE

EFT #: 899408904

PAGE #: 2 of 2

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CO-253 Sequestration - reduction in federal spending

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-B7 This provider was not certified / eligible to be paid for this procedure / service on this date of service.

M25 The information furnished does not substantiate the need for this level of service. If you believe the service should have been fully covered as billed, or if you did not know and could not reasonably have been expected to know that we would not pay for this level of service, or if you notified the patient in writing in advance that we would not pay for this level of service and he / she agreed in writing to pay, ask us to review your claim within 120 days of the date of this notice. If you do not request a appeal, we will, upon application from the patient, reimburse him / her for the amount you have collected from him / her in excess of any deductible and coinsurance amounts. We will recover the reimbursement from you as an overpayment.

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.

N362 The number of Days or Units of Service exceeds our acceptable maximum.

N570 Missing / incomplete / invalid credentialing data

PR-1 Deductible Amount

PR-2 Coinsurance Amount

PR-96 Non-covered charge(s).

