

WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
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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: 2025-05-02
EFT #: 899156766
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME BULTENA, JULIE			HIC 4A86W44KP70		ACNT	3204LMD642			ICN 1825108657250	ASG Y	MOA MA01 MA18 MA15		
1306898036	1120	112024	11	1	G0439		250.78	0.00	0.00	0.00	CO-236	250.78	0.00
1306898036	1120	112024	11	1	99397	25	341.00	0.00	0.00	0.00	PR-96	341.00	0.00
REM: N130													
1306898036	1120	112024	11	1	99497	33	132.00	0.00	0.00	0.00	CO-B13	132.00	0.00
1306898036	1120	112024	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
REM: N20													
1306898036	1120	112024	11	1	36415		15.00	0.00	0.00	0.00	CO-B13	15.00	0.00
1306898036	1120	112024	11	1	99401	33	65.00	0.00	0.00	0.00	PR-96	65.00	0.00
REM: N130													
1306898036	1120	112024	11	1	G0447	XU	65.00	24.64	0.00	0.00	CO-45	40.36	24.15
CO-253 0.49													
1306898036	1120	112024	11	1	G0442	XU	43.00	0.00	0.00	0.00	CO-151	43.00	0.00
REM: MA01													
1306898036	1120	112024	11	1	G0444	XU	91.00	0.00	0.00	0.00	CO-236	91.00	0.00
1306898036	1120	112024	11	1	G0446	XU	61.88	0.00	0.00	0.00	CO-B13	61.88	0.00
1306898036	1120	112024	11	1	G8417		0.00	0.00	0.00	0.00			0.00
REM: N620													
1306898036	1120	112024	11	1	G8510		0.00	0.00	0.00	0.00			0.00
REM: N620													
1306898036	1120	112024	11	1	G9622		0.00	0.00	0.00	0.00			0.00
REM: N620													
PT RESP	406.00	CLAIM TOTALS				1089.66	24.64	0.00	0.00		1065.51	24.15	
ADJ TO TOTAL: PREV PD		INTEREST				0.00	LATE FILING CHARGE		0.00		NET	24.15	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI													

NAME STERBA, RACHAEL M			HIC 2KF1N53JN33		ACNT	5890LMD642			ICN 1825108657280	ASG Y	MOA MA01 MA07 MA15		
1306898036	0416	041625	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15	119.41
CO-253 2.44													
1306898036	0416	041625	11	1	99396	25	327.00	0.00	0.00	0.00	PR-96	327.00	0.00
REM: N130													
1306898036	0416	041625	11	1	96372		45.00	13.25	13.25	0.00	CO-45	31.75	0.00
REM: N781													
1306898036	0416	041625	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
REM: N390													
1306898036	0416	041625	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
CO-253 0.18													
1306898036	0416	041625	11	1	G0136	XU	34.80	17.40	17.40	0.00	CO-45	17.40	0.00
REM: N781													
1306898036	0416	041625	11	1	G0444	XU	91.00	16.22	0.00	0.00	CO-45	74.78	15.90
CO-253 0.32													
1306898036	0416	041625	11	1	G0442	XU	43.00	16.22	0.00	0.00	CO-45	26.78	15.90
CO-253 0.32													
1306898036	0416	041625	11	1	2000F		0.00	0.00	0.00	0.00			0.00
REM: N620													
PT RESP	357.65	CLAIM TOTALS				946.80	194.03	30.65	0.00		756.03	160.12	
ADJ TO TOTAL: PREV PD		INTEREST				0.00	LATE FILING CHARGE		0.00		NET	160.12	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS													

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	2036.46	218.67	30.65	0.00	1821.54	184.27	0.00	184.27

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-234 This procedure is not paid separately. Check Remittance Remark Codes for details.
CO-236 This procedure or procedure / modifier combination is not compatible with another procedure or procedure / modifier combination provided on the same day according to the National Correct Coding Initiative.
CO-253 Sequestration - reduction in federal spending
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.



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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.

MA07 Alert: The claim information has also been forwarded to Medicaid for review.

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.

N390 This service / report cannot be billed separately.

N620 Alert: This procedure code is for quality reporting / informational purposes only.

N781 Alert: No deductible may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected deductible.

PR-1 Deductible Amount

PR-96 Non-covered charge(s).

