

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 1
DATE: 2025-06-17
EFT #: 899286909
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	LEBLOND, PHILIP				HIC	1NM4H23HV83	ACNT	6734LMD642		ICN	1825154675780	ASG	Y
1306898036	0603	060325	11	1	99214	25		219.00	120.84	0.00	24.17	CO-45	98.16
												MA01	94.74
1306898036	0603	060325	11	1	G0446	XU		65.00	30.94	0.00	0.00	CO-253	1.93
												CO-45	34.06
1306898036	0603	060325	11	1	G2211			25.00	15.26	0.00	3.05	CO-253	0.62
												CO-45	9.74
1306898036	0603	060325	11	1	1036F			0.00	0.00	0.00	0.00	CO-253	0.24
													0.00
1306898036	0603	060325	11	1	2000F			0.00	0.00	0.00	0.00		0.00
PT RESP	27.22				CLAIM	TOTALS		309.00	167.04	0.00	27.22		144.75
ADJ TO TOTAL: PREV PD					INTEREST			0.00				0.00	NET
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													137.03
CLAIM INFORMATION FORWARDED TO: HCSC-BCBS OF NM-NON STD A & B													
NAME	TOBIN, GERALD L				HIC	2PJ5RM6HA86	ACNT	6715LMD642		ICN	1825154623020	ASG	Y
1013940584	0403	040325	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91
												CO-253	0.18
PT RESP	0.00				CLAIM	TOTALS		20.00	9.09	0.00	0.00		11.09
ADJ TO TOTAL: PREV PD					INTEREST			0.00				0.00	NET
STATUS CODE 1: Processed as Primary													8.91

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	2	329.00	176.13	0.00	27.22	155.84	145.94	0.00	145.94

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.
N620 Alert: This procedure code is for quality reporting / informational purposes only.
PR-2 Coinsurance Amount

