

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: 2025-04-21
NONPAY #: 393523512
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HILLEN, MARY M			HIC 1MC2QV8MH96		ACNT 5719LMD642		ICN 1825099695292		ASG Y		MOA MA15	
1013940584	0408	040825	11	1	1158F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0408	040825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0408	040825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0408	040825	11	1	3061F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
PT RESP		0.00	CLAIM		TOTALS		0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary												

NAME LEBLOND, PHILIP			HIC 1NM4H23HV83		ACNT 5730LMD642		ICN 1825099695512		ASG Y		MOA MA15	
1306898036	0408	040825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1306898036	0408	040825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1306898036	0408	040825	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1306898036	0408	040825	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1306898036	0408	040825	11	1	1000F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1306898036	0408	040825	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1306898036	0408	040825	11	1	1160F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
PT RESP		0.00	CLAIM		TOTALS		0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary												

NAME LUYK, DANIEL J			HIC 8RE8QH4AC63		ACNT 5866LMD642		ICN 1825106692900		ASG Y		MOA MA01	
1013940584	0402	040225	10	1	98966		25.00	0.00	0.00	0.00	PR-172	25.00
PT RESP		25.00	CLAIM		TOTALS		25.00	0.00	0.00	0.00		0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary												

NAME STEDMAN, SHERRI			HIC 4V12V91AJ27		ACNT 5596LMD642		ICN 1825093604502		ASG Y		MOA MA15	
1306898036	0401	040125	11	1	G0447 XU		0.00	0.00	0.00	0.00		0.00
						REM: M79 MA130						
1306898036	0401	040125	11	1	3077F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1306898036	0401	040125	11	1	3080F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
PT RESP		0.00	CLAIM		TOTALS		0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary												

NAME STITZEL, JOHN M			HIC 6XH7CJ9HP46		ACNT 5586LMD642		ICN 1825091636660		ASG Y		MOA MA01	MA18	MA15
1306898036	0401	040125	11	1	99213 25		146.00	0.00	0.00	0.00	CO-97	146.00	0.00
						REM: M144							
1306898036	0401	040125	11	1	99401 33		0.00	0.00	0.00	0.00			0.00
						REM: N130							
1306898036	0401	040125	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
						REM: N20							
1306898036	0401	040125	11	1	2000F		0.00	0.00	0.00	0.00			0.00
						REM: N620							
PT RESP		0.00	CLAIM		TOTALS		171.00	0.00	0.00	0.00	171.00		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: AMERICAN CONTINENTAL INSU.													



WPS GHA - MAC J8 MI PART B

NPI #: 1982923660

NONPAY #: 393523512

TIMOTHY J. TOBOLIC, MD, PLLC

PAGE #: 2 of 2

REMITTANCE

ADVICE

DATE: 2025-04-21

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	5	196.00	0.00	0.00	0.00	196.00	0.00	0.00	0.00

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

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

M144 Pre-/post-operative care payment is included in the allowance for the surgery / procedure.

M79 Missing / incomplete / invalid charge.

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.

MA130 Your claim contains incomplete and / or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete / correct information.

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.

N517 Resubmit a new claim with the requested information.

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

PR-172 Payment is adjusted when performed / billed by a provider of this specialty

