

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  
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STE 202  
BYRON CENTER, MI 493156929

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-06-13  
EFT #: 899278016  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	BURD, MELVIN G				HIC 7RN5R16NE52	ACNT 6679LMD642				ICN 1825150724700	ASG Y	MOA MA01	MA15
1013940584	0529	052925	11	1	99214 25		219.00	120.84	0.00	24.17	CO-45	98.16	94.74
1013940584	0529	052925	11	1	73502 LT		100.10	42.94	0.00	8.59	CO-253	1.93	
1013940584	0529	052925	11	1	G2211		25.00	0.00	0.00	0.00	CO-45	57.16	33.66
1013940584	0529	052925	11	1	2000F		0.00	0.00	0.00	0.00	CO-253	0.69	
PT RESP	32.76				CLAIM TOTALS		344.10	163.78	0.00	32.76	CO-234	25.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00						
STATUS CODE 1: Processed as Primary													

NAME	WEGENKA, MARGUERIT A				HIC 5QH8Y82DM44	ACNT 6680LMD642				ICN 1825150724730	ASG Y	MOA MA01	MA18	MA15
1013940584	0516	051625	11	1	99214 25		219.00	120.84	0.00	24.17	CO-45	98.16	94.74	
1013940584	0516	051625	11	1	82043 QW		14.70	5.78	0.00	0.00	CO-253	1.93		
1013940584	0516	051625	11	1	82570 QW		17.85	5.18	0.00	0.00	CO-45	8.92	5.66	
1013940584	0516	051625	11	1	G0446 XU		65.00	30.94	0.00	0.00	CO-253	0.12		
1013940584	0516	051625	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	12.67	5.08	
1013940584	0516	051625	11	1	2000F		0.00	0.00	0.00	0.00	CO-253	0.10		
PT RESP	27.22				CLAIM TOTALS		341.55	178.00	0.00	27.22	CO-45	34.06	30.32	
ADJ TO TOTAL: PREV PD					INTEREST		0.00					0.62		
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												9.74	11.97	
CLAIM INFORMATION FORWARDED TO: WPS - TRICARE FOR LIFE												0.24		

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	685.65	341.78	0.00	59.98	349.50	276.17	0.00	276.17

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

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

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.

N20 Service not payable with other service rendered on the same date.

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

PR-2 Coinsurance Amount

