

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: 2025-03-25
NONPAY #: 393469623
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DUFON, RENEE J			HIC 8AV7NP2EE57		ACNT 5384LMD642		ICN 1825079712302		ASG Y		MOA MA15	
1013940584	0319	031925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0319	031925	11	1	3078F		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												
STATUS CODE 1: Processed as Primary												

NAME DUPREE, NICOLE E			HIC 8PY3NX4VW75		ACNT 5388LMD642		ICN 1825079712352		ASG Y		MOA MA15	
1306898036	0319	031925	11	4	99417		20.00	0.00	0.00	0.00	CO-181	20.00
REM: N517 MA130												
1306898036	0319	031925	11	1	3060F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1306898036	0319	031925	11	1	3077F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1306898036	0319	031925	11	1	3079F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
PT RESP		0.00	CLAIM TOTALS			20.00	0.00	0.00	0.00		20.00	0.00
ADJ TO TOTAL: PREV PD												
STATUS CODE 1: Processed as Primary												

NAME HANSEN, DEBRA R			HIC 1PV6X96DW72		ACNT 5386LMD642		ICN 1825079712332		ASG Y		MOA MA15	
1013940584	0319	031925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0319	031925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0319	031925	11	1	3008F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0319	031925	11	1	2001F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0319	031925	11	1	1000F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0319	031925	11	1	1159F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0319	031925	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												
STATUS CODE 1: Processed as Primary												

NAME SNYDER, ANNE E			HIC 5V85WA5PC68		ACNT 5389LMD642		ICN 1825079712360		ASG Y		MOA MA01 MA15	
1306898036	0319	031925	11	1	G0402		361.00	0.00	0.00	0.00	CO-24	361.00
1306898036	0319	031925	11	1	99397 52		341.00	0.00	0.00	0.00	PR-96	341.00
REM: N130												
1306898036	0319	031925	11	1	99214 25		241.68	0.00	0.00	0.00	CO-24	241.68
1306898036	0319	031925	11	1	36415		20.00	0.00	0.00	0.00	CO-24	20.00
1306898036	0319	031925	11	1	99497 33		132.00	0.00	0.00	0.00	CO-24	132.00
1306898036	0319	031925	11	1	G0444 XU		91.00	0.00	0.00	0.00	CO-24	91.00
1306898036	0319	031925	11	1	G0442 XU		43.00	0.00	0.00	0.00	CO-24	43.00
1306898036	0319	031925	11	1	G2211		25.00	0.00	0.00	0.00	CO-24	25.00
1306898036	0319	031925	11	1	G0136 XU		34.80	0.00	0.00	0.00	CO-24	34.80
1306898036	0319	031925	11	1	G8510		0.00	0.00	0.00	0.00		0.00
REM: N620												
1306898036	0319	031925	11	1	G9622		0.00	0.00	0.00	0.00		0.00
REM: N620												
PT RESP		341.00	CLAIM TOTALS			1289.48	0.00	0.00	0.00		1289.48	0.00
ADJ TO TOTAL: PREV PD												
STATUS CODE 1: Processed as Primary												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	4	1309.48	0.00	0.00	0.00	1309.48	0.00	0.00	0.00



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

CO-181 Payment adjusted because this procedure code was invalid on the date of service

CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.

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.

N130 Consult plan benefit documents / guidelines for information about restrictions for this service.

N517 Resubmit a new claim with the requested information.

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

PR-96 Non-covered charge(s).

