

REMITTANCE
ADVICE

NPI #: 1982923660
PAGE #: 1 of 4
DATE: 2025-07-09
EFT #: 899347372
TAX ID #: 272620668

NAME	COOLEY, CYNTHIA A	HIC	1KA0QQ3NV15	ACNT	7055LMD642	ICN	1825176727280	ASG	Y	MOA	MA01	MA18	MA15
1306898036	0618 061825 11	1	G0136 33		65.00	17.40	0.00	0.00	CO-45	47.60		17.05	
									CO-253	0.35			
1306898036	0618 061825 11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15		119.41	
									CO-253	2.44			
1306898036	0618 061825 11	1	99497 33		132.00	77.66	0.00	0.00	CO-45	54.34		76.11	
									CO-253	1.55			
1306898036	0618 061825 11	1	99214 25		241.68	120.84	0.00	24.17	CO-45	120.84		94.74	
									CO-253	1.93			
1306898036	0618 061825 11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91		8.91	
									CO-253	0.18			
1306898036	0618 061825 11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74		11.97	
									CO-253	0.24			
1306898036	0618 061825 11	1	82043 QW		14.70	5.78	0.00	0.00	CO-45	8.92		5.66	
									CO-253	0.12			
1306898036	0618 061825 11	1	82570 QW		17.85	5.18	0.00	0.00	CO-45	12.67		5.08	
									CO-253	0.10			
1306898036	0618 061825 11	1	G0444 XU		91.00	16.22	0.00	0.00	CO-45	74.78		15.90	
									CO-253	0.32			
1306898036	0618 061825 11	1	G0442 XU		43.00	16.22	0.00	0.00	CO-45	26.78		15.90	
									CO-253	0.32			
1306898036	0618 061825 11	1	G0446 XU		65.00	30.94	0.00	0.00	CO-45	34.06		30.32	
									CO-253	0.62			
1306898036	0618 061825 11	1	G0447 XU		65.00	30.94	0.00	0.00	CO-45	34.06		30.32	
									CO-253	0.62			
1306898036	0618 061825 11	1	G0557		94.10	47.05	0.00	9.41	CO-45	47.05		36.89	
									CO-253	0.75			
1306898036	0618 061825 11	1	G8476		0.00	0.00	0.00	0.00				0.00	
			REM: N620										
1306898036	0618 061825 11	1	0513F		0.00	0.00	0.00	0.00				0.00	
			REM: N620										
1306898036	0618 061825 11	1	G9622		0.00	0.00	0.00	0.00				0.00	
			REM: N620										
1306898036	0618 061825 11	1	G8510		0.00	0.00	0.00	0.00				0.00	
			REM: N620										
1306898036	0618 061825 11	1	G8427		0.00	0.00	0.00	0.00				0.00	
			REM: N620										
1306898036	0618 061825 11	1	1036F		0.00	0.00	0.00	0.00				0.00	
			REM: N620										
1306898036	0618 061825 11	1	2000F		0.00	0.00	0.00	0.00				0.00	
			REM: N620										
PT RESP	36.63		CLAIM TOTALS		1235.33	514.43	0.00	36.63		730.44		468.26	
ADJ TO TOTAL: PREV PD			INTEREST		0.00		LATE FILING CHARGE		0.00	NET		468.26	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: HUMANA INC.													



WPS GHA - MAC J8 MI PART B

NPI #: 1982923660

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TIMOTHY J. TOBOLIC, MD, PLLC

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REMITTANCE

ADVICE

DATE: 2025-07-09

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CRISHER, SCOTT A				HIC	4V07PP0UE72	ACNT	7025LMD642		ICN	1825176727290	ASG Y	MOA MA01 MA15
1013940584	0617	061725	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15 119.41
											CO-253	2.44
1013940584	0617	061725	11	1	99497	25	155.32	77.66	77.66	0.00	CO-45	77.66 0.00
1013940584	0617	061725	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00 0.00
						REM: N390						
1013940584	0617	061725	11	1	99490		116.98	58.49	58.49	0.00	CO-45	58.49 0.00
1013940584	0617	061725	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-45	47.60 17.05
											CO-253	0.35
1013940584	0617	061725	11	1	83036	QW	60.90	9.71	0.00	0.00	CO-45	51.19 9.52
											CO-253	0.19
1013940584	0617	061725	11	1	G0444	XU	29.45	16.22	0.00	0.00	CO-45	13.23 15.90
											CO-253	0.32
1013940584	0617	061725	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-45	13.78 15.90
											CO-253	0.32
1013940584	0617	061725	11	1	G0446	XU	61.88	30.94	0.00	0.00	CO-45	30.94 30.32
											CO-253	0.62
1013940584	0617	061725	11	1	G9622		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0617	061725	11	1	1036F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0617	061725	11	1	G8510		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0617	061725	11	1	G9622		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0617	061725	11	1	1124F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP	136.15				CLAIM	TOTALS	905.53	348.49	136.15	0.00		561.28 208.10
ADJ TO TOTAL: PREV PD					INTEREST		0.00					0.00
STATUS CODE 1: Processed as Primary												

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DYKSTRA, MICHAEL				HIC	1KC7DA0RX68	ACNT	7066LMD642		ICN	1825176727300	ASG Y	MOA MA01 MA18 MA15
1013940584	0619	061925	11	1	99397	25	341.00	0.00	0.00	0.00	PR-96	341.00 0.00
						REM: N130						
1013940584	0619	061925	11	1	81003		33.60	0.00	0.00	0.00	CO-B7	33.60 0.00
						REM: N570						
1013940584	0619	061925	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00 0.00
						REM: N390						
1013940584	0619	061925	11	1	G0136	33	34.80	0.00	0.00	0.00	CO-16	34.80 0.00
						REM: M51						
1013940584	0619	061925	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91 8.91
											CO-253	0.18
1013940584	0619	061925	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-45	13.78 15.90
											CO-253	0.32
1013940584	0619	061925	11	1	G0444	XU	29.45	16.22	0.00	0.00	CO-45	13.23 15.90
											CO-253	0.32
1013940584	0619	061925	11	1	0513F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0619	061925	11	1	G9622		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0619	061925	11	1	1036F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP	341.00				CLAIM	TOTALS	513.85	41.53	0.00	0.00		473.14 40.71
ADJ TO TOTAL: PREV PD					INTEREST		0.00					0.00
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: MUTUAL OF OMAHA												



WPS GHA - MAC J8 MI PART B

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TIMOTHY J. TOBOLIC, MD, PLLC

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REMITTANCE

ADVICE

DATE: 2025-07-09

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME LABEAN, MARK W					HIC 6YFLXK7FE06	ACNT 6907LMD642			ICN 1825176727340		ASG Y	MOA	MA01 MA15
1013940584	0611	061125	11	1	G0402		361.00	155.30	0.00	0.00	CO-45	205.70	152.19
1013940584	0611	061125	11	1	99396 25		327.00	0.00	0.00	0.00	CO-253	3.11	
					REM: N130						PR-96	327.00	0.00
1013940584	0611	061125	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
					REM: N390								
1013940584	0611	061125	11	1	82043 QW		14.70	5.78	0.00	0.00	CO-45	8.92	5.66
											CO-253	0.12	
1013940584	0611	061125	11	1	82570 QW		17.85	5.18	0.00	0.00	CO-45	12.67	5.08
											CO-253	0.10	
1013940584	0611	061125	11	1	G0136 33		34.80	0.00	0.00	0.00	CO-16	34.80	0.00
					REM: M51								
1013940584	0611	061125	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
											CO-253	0.18	
1013940584	0611	061125	11	1	G0442 XU		30.00	16.22	0.00	0.00	CO-45	13.78	15.90
											CO-253	0.32	
1013940584	0611	061125	11	1	G0444 XU		29.45	0.00	0.00	0.00	CO-236	29.45	0.00
1013940584	0611	061125	11	1	G9622		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1013940584	0611	061125	11	1	G8431		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1013940584	0611	061125	11	1	G8417		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1013940584	0611	061125	11	1	G8510		0.00	0.00	0.00	0.00			0.00
					REM: N620								
PT RESP	327.00				CLAIM TOTALS		859.80	191.57	0.00	0.00		672.06	187.74
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	187.74
STATUS CODE 1: Processed as Primary													

NAME	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME MAJOR, JOHN L					HIC 3NP5Y12FQ52	ACNT 7073LMD642			ICN 1825176727310		ASG Y	MOA	MA01 MA18 MA15
1013940584	0618	061825	11	1	99214 25		219.00	120.84	112.69	1.63	CO-45	98.16	6.39
											CO-253	0.13	
1013940584	0618	061825	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
											CO-253	0.18	
1013940584	0618	061825	11	1	G0446 XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-253	0.62	
1013940584	0618	061825	11	1	G0447 XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-253	0.62	
1013940584	0618	061825	11	1	99401 25		65.00	0.00	0.00	0.00	PR-96	65.00	0.00
					REM: N130								
1013940584	0618	061825	11	1	2000F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
PT RESP	179.32				CLAIM TOTALS		434.00	191.81	112.69	1.63		243.74	75.94
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	75.94
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: LOYAL AMERICAN LIFE INSURANCE CO													



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	SNYDER, JAMES J					HIC 3W54EH7RF60	ACNT	7040LMD642			ICN 1825176727330	ASG Y	MOA	MA01 MA18 MA15
1306898036	0618	061825	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
1306898036	0618	061825	11	1	99497	25		132.00	77.66	0.00	15.53	CO-253	2.44	
1306898036	0618	061825	11	1	99397			341.00	0.00	0.00	0.00	CO-45	54.34	60.89
												CO-253	1.24	
												PR-96	341.00	0.00
1306898036	0618	061825	11	1	G0136	33	REM: N130	65.00	17.40	0.00	0.00	CO-45	47.60	17.05
												CO-253	0.35	
1306898036	0618	061825	11	1	G0446	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-253	0.62	
1306898036	0618	061825	11	1	G0442	XU		43.00	16.22	0.00	0.00	CO-45	26.78	15.90
												CO-253	0.32	
1306898036	0618	061825	11	1	G0557			94.10	47.05	0.00	9.41	CO-45	47.05	36.89
												CO-253	0.75	
1306898036	0618	061825	11	1	G2211			25.00	0.00	0.00	0.00	CO-B13	25.00	0.00
1306898036	0618	061825	11	1	G0444	XU		91.00	16.22	0.00	0.00	CO-45	74.78	15.90
												CO-253	0.32	
1306898036	0618	061825	11	1	G2211		REM: N390	25.00	0.00	0.00	0.00	CO-234	25.00	0.00
1306898036	0618	061825	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1306898036	0618	061825	11	1	G8510			0.00	0.00	0.00	0.00			0.00
							REM: N620							
1306898036	0618	061825	11	1	G8476			0.00	0.00	0.00	0.00			0.00
							REM: N620							
1306898036	0618	061825	11	1	G8417			0.00	0.00	0.00	0.00			0.00
							REM: N620							
1306898036	0618	061825	11	1	G9622			0.00	0.00	0.00	0.00			0.00
							REM: N620							
1306898036	0618	061825	11	1	G8427			0.00	0.00	0.00	0.00			0.00
							REM: N620							
1306898036	0618	061825	11	1	1036F			0.00	0.00	0.00	0.00			0.00
							REM: N620							
1306898036	0618	061825	11	1	2000F			0.00	0.00	0.00	0.00			0.00
							REM: N620							
PT RESP	365.94					CLAIM TOTALS		1262.10	336.43	0.00	24.94		931.89	305.27
ADJ TO TOTAL: PREV PD						INTEREST		0.00					NET	305.27
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: HUMANA INC.														

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	7	5587.81	1821.87	248.84	96.53	3795.42	1447.02	0.00	1447.02

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

CO-16	Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.
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.
CO-B7	This provider was not certified / eligible to be paid for this procedure / service on this date of service.
M51	Missing / incomplete / invalid procedure code(s).
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.
N130	Consult plan benefit documents / guidelines for information about restrictions for this service.
N390	This service / report cannot be billed separately.
N570	Missing / incomplete / invalid credentialing data
N620	Alert: This procedure code is for quality reporting / informational purposes only.
PR-1	Deductible Amount
PR-2	Coinurance Amount
PR-96	Non-covered charge(s).

