

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: 2025-07-10
EFT #: 899352087
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD		
NAME DEKLEINE, JOHN C					HIC	4Q52PV4CY22	ACNT	7117LMD642		ICN	1825175646070	ASG Y	MOA	MA01	MA15
1013940584	0619	061925	11	1	99214	25		219.00	120.84	0.00	24.17	CO-45	98.16	94.74	
												CO-253	1.93		
1013940584	0619	061925	11	1	G0444	XU		29.45	0.00	0.00	0.00	CO-119	29.45	0.00	
							REM: M25 N362								
1013940584	0619	061925	11	1	G2211			25.00	15.26	0.00	3.05	CO-45	9.74	11.97	
												CO-253	0.24		
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	G8510			0.00	0.00	0.00	0.00			0.00	
							REM: N620								
1013940584	0619	061925	11	1	2000F			0.00	0.00	0.00	0.00			0.00	
							REM: N620								
PT RESP	27.22					CLAIM	TOTALS	307.05	136.10	0.00	27.22		173.12	106.71	
ADJ TO TOTAL: PREV PD								INTEREST	0.00	LATE FILING	CHARGE	0.00	NET	106.71	
STATUS CODE 1: Processed as Primary															

NAME	STILEN, MARGIE L	HIC	7YF1R22QC14	ACNT	5286LMD642	ICN	1825177651300	ASG	Y	MOA	MA01	MA18	MA15
1013940584	0314 031425 11	1	99213 25		171.26 85.63	85.63	0.00	CO-45		85.63		0.00	
1013940584	0314 031425 11	1	G2211		25.00 0.00	0.00	0.00	CO-234		25.00		0.00	
			REM: N20										
1013940584	0314 031425 11	1	81003		43.05 0.00	0.00	0.00	CO-B7		43.05		0.00	
			REM: N570										
1013940584	0314 031425 11	1	82043 QW		14.70 5.78	0.00	0.00	CO-45		8.92		5.66	
								CO-253		0.12			
1013940584	0314 031425 11	1	82570 QW		17.85 5.18	0.00	0.00	CO-45		12.67		5.08	
								CO-253		0.10			
PT RESP	85.63		CLAIM TOTALS		271.86 96.59	85.63	0.00			175.49		10.74	
ADJ TO TOTAL: PREV PD			INTEREST		0.00	LATE FILING CHARGE		0.00		NET		10.74	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: MUTUAL OF OMAHA													

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	2	578.91	232.69	85.63	27.22	348.61	117.45	0.00	117.45

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

CO-119	Benefit maximum for this time period or occurrence has been reached.
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.
CO-B7	This provider was not certified / eligible to be paid for this procedure / service on this date of service.
M25	The information furnished does not substantiate the need for this level of service. If you believe the service should have been fully covered as billed, or if you did not know and could not reasonably have been expected to know that we would not pay for this level of service, or if you notified the patient in writing in advance that we would not pay for this level of service and he / she agreed in writing to pay, ask us to review your claim within 120 days of the date of this notice. If you do not request a appeal, we will, upon application from the patient, reimburse him / her for the amount you have collected from him / her in excess of any deductible and coinsurance amounts. We will recover the reimbursement from you as an overpayment.
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.
N362	The number of Days or Units of Service exceeds our acceptable maximum.
N570	Missing / incomplete / invalid credentialing data
N620	Alert: This procedure code is for quality reporting / informational purposes only.



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NPI #: 1982923660
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PR-1 Deductible Amount
PR-2 Coinsurance Amount

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