

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 1
DATE: 2025-03-17
NONPAY #: 393449392
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	DYKSTRA, DEBORAH A				HIC 8XF7XE3XU48	ACNT 5194LMD642				ICN 1825071682042	ASG Y	MOA MA15
1013940584	0311	031125	11	1	G0444 XU 33		29.45	0.00	0.00	0.00	CO-16	29.45 0.00
					REM: M20 MA130							
1013940584	0311	031125	11	1	1158F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0311	031125	11	1	3074F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0311	031125	11	1	3078F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0311	031125	11	1	3061F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
PT RESP		0.00			CLAIM TOTALS		29.45	0.00	0.00	0.00		29.45 0.00
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
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
	1	29.45	0.00	0.00	0.00	29.45	0.00	0.00	0.00

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.

M20 Missing / incomplete / invalid HCPCS.

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.

N517 Resubmit a new claim with the requested information.

