

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
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-03-04
EFT #: 898977482
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD			
NAME CRISMAN, HAROLD					HIC 7W21VM5MJ18	ACNT 4615LMD642			ICN 1825049790430		ASG Y	MOA	MA01	MA07	MA15
1306898036	0204	020425	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15		119.41	
												CO-253	2.44		
1306898036	0204	020425	11	1	99214	25	241.68	120.84	100.98	3.97	CO-45	120.84		15.57	
												CO-253	0.32		
1306898036	0204	020425	11	1	G3002		156.72	0.00	0.00	0.00	CO-B13	156.72		0.00	
1306898036	0204	020425	11	1	99497	33	132.00	0.00	0.00	0.00	CO-B13	132.00		0.00	
1306898036	0204	020425	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74		11.97	
												CO-253	0.24		
1306898036	0204	020425	11	1	G0442	XU	43.00	0.00	0.00	0.00	CO-151	43.00		0.00	
												CO-253	0.18		
1306898036	0204	020425	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91		8.91	
												CO-45	8.92		
1306898036	0204	020425	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-253	0.12		5.66	
												CO-45	12.67		
1306898036	0204	020425	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-253	0.10		5.08	
1306898036	0204	020425	11	1	G9622		0.00	0.00	0.00	0.00				0.00	
												REM: N620			
1306898036	0204	020425	11	1	G8510		0.00	0.00	0.00	0.00				0.00	
												REM: N620			
1306898036	0204	020425	11	1	G8427		0.00	0.00	0.00	0.00				0.00	
												REM: N620			
PT RESP	108.00					CLAIM TOTALS	1011.95	278.00	100.98	7.02		737.35		166.60	
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE			0.00	NET		166.60	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)															
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS															

NAME	LEBLOND, PHILIP				HIC 1NM4H23HV83	ACNT 4800LMD642			ICN 1925049720870	ASG Y	MOA	MA01	MA18	MA15
1306898036	0214	021425	11	1	99213		146.00	85.63	0.00	17.13	CO-45	60.37	67.13	
1306898036	0214	021425	11	1	G2211		25.00	15.26	0.00	3.05	CO-253	1.37		
											CO-45	9.74	11.97	
1306898036	0214	021425	11	1	0513F		0.00	0.00	0.00	0.00	CO-253	0.24		
					REM: N620								0.00	
1306898036	0214	021425	11	1	G8417		0.00	0.00	0.00	0.00			0.00	
					REM: N620									
1306898036	0214	021425	11	1	G8427		0.00	0.00	0.00	0.00			0.00	
					REM: N620									
PT RESP	20.18				CLAIM TOTALS		171.00	100.89	0.00	20.18		71.72	79.10	
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	79.10	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: HCSC-BCBS OF NM-NON STD A & B														

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	1182.95	378.89	100.98	27.20	809.07	245.70	0.00	245.70

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

CO-151 Payment adjusted because the payer deems the information submitted does not support this many services.
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.
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.
MA07 Alert: The claim information has also been forwarded to Medicaid for review.
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.
N620 Alert: This procedure code is for quality reporting / informational purposes only.



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NPI #: 1982923660 TIMOTHY J. TOBOLIC, MD, PLLC
EFT #: 898977482 PAGE #: 2 of 2 DATE: 2025-03-04
N781 Alert: No deductible may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review
your records for any wrongfully collected deductible.
N782 Alert: No coinsurance may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review
your records for any wrongfully collected coinsurance.
PR-1 Deductible Amount
PR-2 Coinsurance Amount

