

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: 2025-04-28  
NONPAY #: 393541409  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DODBIBA, ILIR V			HIC 1NY9V01TA10		ACNT 5934LMD642		ICN 1825113498842		ASG Y		MOA MA15	
1013940584	0418	041825	11	1	2010F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0418	041825	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0418	041825	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0418	041825	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0418	041825	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						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	0.00	
STATUS CODE 1: Processed as Primary												

NAME DODBIBA, ZANA			HIC 4TF8WD7KU10		ACNT 5935LMD642		ICN 1825113498882		ASG Y		MOA MA15	
1013940584	0418	041825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0418	041825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0418	041825	11	1	1160F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0418	041825	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0418	041825	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0418	041825	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0418	041825	11	1	2010F		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						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	0.00	
STATUS CODE 1: Processed as Primary												

NAME DYKSTRA, MARY L			HIC 1WV7CN6XR77		ACNT 5981LMD642		ICN 1825113685562		ASG Y		MOA MA15	
1013940584	0422	042225	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0422	042225	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0422	042225	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0422	042225	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0422	042225	11	1	1000F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0422	042225	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0422	042225	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						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	0.00	
STATUS CODE 1: Processed as Primary												



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REMITTANCE  
ADVICE  
DATE: 2025-04-28

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	STITZEL, JOHN M					HIC	6XH7CJ9HP46	ACNT	5586LMD642		ICN	1825111868060	ASG	Y
1306898036	0401	040125	11	1	99213	25		146.00	0.00	0.00	0.00	CO-97	146.00	0.00
							REM: M144							
1306898036	0401	040125	11	1	99401	33		0.00	0.00	0.00	0.00			0.00
							REM: N130							
1306898036	0401	040125	11	1	G2211			25.00	0.00	0.00	0.00	CO-234	25.00	0.00
							REM: N20							
1306898036	0401	040125	11	1	2000F			0.00	0.00	0.00	0.00			0.00
							REM: N620							
PT RESP	0.00						CLAIM TOTALS	171.00	0.00	0.00	0.00		171.00	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: AMERICAN CONTINENTAL INSU.														

NAME	WEAVER, REBECCA L					HIC	3G58QM6DM63	ACNT	5967LMD642		ICN	18251113685512	ASG	Y
1306898036	0421	042125	11	1	3074F			0.00	0.00	0.00	0.00			0.00
							REM: N517 MA130							
1306898036	0421	042125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
							REM: N517 MA130							
1306898036	0421	042125	11	1	3061F			0.00	0.00	0.00	0.00			0.00
							REM: N517 MA130							
1306898036	0421	042125	11	1	2010F			0.00	0.00	0.00	0.00			0.00
							REM: N517 MA130							
1306898036	0421	042125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
							REM: N517 MA130							
1306898036	0421	042125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
							REM: N517 MA130							
1306898036	0421	042125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
							REM: N517 MA130							
1306898036	0421	042125	11	1	1160F			0.00	0.00	0.00	0.00			0.00
							REM: N517 MA130							
1306898036	0421	042125	11	1	3061F			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							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
	5	171.00	0.00	0.00	0.00	171.00	0.00	0.00	0.00

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

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

M144 Pre-/post-operative care payment is included in the allowance for the surgery / procedure.

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.

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.

N20 Service not payable with other service rendered on the same date.

N517 Resubmit a new claim with the requested information.

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

