

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 1
DATE: 2025-03-27
EFT #: 899047258
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	DYKSTRA, ALBERT J				HIC 7YX9Q62NP10	ACNT 5243LMD642				ICN 1825072647330	ASG Y	MOA MA01 MA18 MA15
1013940584	0313	031325	11	1	99214		219.00	120.84	0.00	24.17	CO-45	98.16 94.74
1013940584	0313	031325	11	1	G2211		25.00	15.26	0.00	3.05	CO-253	1.93
1013940584	0313	031325	11	1	2000F		0.00	0.00	0.00	0.00	CO-45	9.74
											CO-253	0.24
												0.00
PT RESP	27.22				CLAIM TOTALS		244.00	136.10	0.00	27.22		110.07 106.71
ADJ TO TOTAL: PREV PD					INTEREST		0.00					0.00 NET 106.71
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: MUTUAL OF OMAHA												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	244.00	136.10	0.00	27.22	110.07	106.71	0.00	106.71

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

CO-253 Sequestration - reduction in federal spending

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

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.

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

PR-2 Coinsurance Amount

