

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: 2025-05-01  
EFT #: 899152604  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BAGLEY, MICHAEL J					HIC 9JK3JH2GD89	ACNT 5899LMD642				ICN 1825107678780	ASG Y	MOA	MA01 MA18 MA15
1013940584	0416	041625	11	1	99214 25		219.00	120.84	0.00	24.17	CO-45	98.16	94.74
											CO-253	1.93	
1013940584	0416	041625	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
					REM: N20								
1013940584	0416	041625	11	1	83036 QW		60.90	9.71	0.00	0.00	CO-45	51.19	9.52
											CO-253	0.19	
1013940584	0416	041625	11	1	99401 25		0.00	0.00	0.00	0.00			0.00
					REM: N130								
1013940584	0416	041625	11	1	2000F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
PT RESP	24.17				CLAIM TOTALS		304.90	130.55	0.00	24.17		176.47	104.26
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET	104.26
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: HUMANA INC.													
NAME BOERSMA, SHARON M					HIC 5WR2M19VR05	ACNT 5901LMD642				ICN 1825107678810	ASG Y	MOA	MA01 MA18 MA15
1013940584	0415	041525	11	1	99215 25		295.00	169.85	0.00	33.97	CO-45	125.15	133.16
											CO-253	2.72	
1013940584	0415	041525	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
					REM: N20								
1013940584	0415	041525	11	1	36415		20.00	0.00	0.00	0.00	CO-B13	20.00	0.00
1013940584	0415	041525	11	1	93000		71.00	13.33	0.00	2.67	CO-45	57.67	10.45
											CO-253	0.21	
1013940584	0415	041525	11	1	36415		20.00	0.00	0.00	0.00	CO-50	20.00	0.00
					REM: N130								
1013940584	0415	041525	11	1	2000F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
PT RESP	36.64				CLAIM TOTALS		431.00	183.18	0.00	36.64		250.75	143.61
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET	143.61
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: AMERICAN CONTINENTAL INSU.													
NAME LUYK, DANIEL J					HIC 8RE8QH4AC63	ACNT 5742LMD642				ICN 1825100645440	ASG Y	MOA	MA01 MA15
1013940584	0408	040825	11	1	99496 25		446.00	261.36	0.00	52.27	CO-45	184.64	204.91
											CO-253	4.18	
1013940584	0408	040825	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
					REM: N390								
1013940584	0408	040825	11	1	G0444 XU		29.45	16.22	0.00	0.00	CO-45	13.23	15.90
											CO-253	0.32	
1013940584	0408	040825	11	1	G0447 XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-253	0.62	
1013940584	0408	040825	11	1	99401 33		65.00	0.00	0.00	0.00	PR-96	65.00	0.00
					REM: N130								
1013940584	0408	040825	11	1	G8510		0.00	0.00	0.00	0.00			0.00
					REM: N620								
PT RESP	117.27				CLAIM TOTALS		630.45	308.52	0.00	52.27		327.05	251.13
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET	251.13
STATUS CODE 1: Processed as Primary													



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	TOBIN, GERALD L					HIC	2PJ5RM6HA86	ACNT	5782LMD642		ICN	1825107678710	ASG	Y
1013940584	0410	041025	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
1013940584	0410	041025	11	1	99397	25		341.00	0.00	0.00	0.00	CO-253	2.44	
							REM: N130					PR-96	341.00	0.00
1013940584	0410	041025	11	1	G0442	XU		30.00	16.22	0.00	0.00	CO-45	13.78	15.90
1013940584	0410	041025	11	1	G0444	XU		29.45	16.22	0.00	0.00	CO-253	0.32	
1013940584	0410	041025	11	1	G2211			25.00	0.00	0.00	0.00	CO-45	13.23	15.90
							REM: N390					CO-253	0.32	
1013940584	0410	041025	11	1	G0446	XU		61.88	30.94	0.00	0.00	CO-234	25.00	0.00
1013940584	0410	041025	11	1	99401	25		65.00	0.00	0.00	0.00	CO-45	30.94	30.32
							REM: N130					CO-253	0.62	
1013940584	0410	041025	11	1	G0136	33		34.80	17.40	0.00	0.00	PR-96	65.00	0.00
1013940584	0410	041025	11	1	G9622			0.00	0.00	0.00	0.00	CO-45	17.40	17.05
							REM: N620					CO-253	0.35	
1013940584	0410	041025	11	1	G8510			0.00	0.00	0.00	0.00			0.00
							REM: N620							
PT RESP	406.00					CLAIM TOTALS		948.13	202.63	0.00	0.00		749.55	198.58
ADJ TO TOTAL:	PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	198.58
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP														

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	4	2314.48	824.88	0.00	113.08	1503.82	697.58	0.00	697.58

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

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-50 These are non-covered services because this is not deemed a 'medical necessity' by the payer.

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.

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.

N390 This service / report cannot be billed separately.

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

PR-2 Coinsurance Amount

PR-96 Non-covered charge(s).

