

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: 2025-04-24
NONPAY #: 393534715
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BRAUN, LORI A					HIC 2AE1JT9YW00	ACNT 5766LMD642			ICN 1825100645482		ASG Y	MOA MA15	
1013940584	0409	040925	11	1	3074F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
1013940584	0409	040925	11	1	3079F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
1013940584	0409	040925	11	1	1158F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
1013940584	0409	040925	11	1	3060F		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 LUYK, DANIEL J					HIC 8RE8QH4AC63	ACNT 5742LMD642			ICN 1825100645442		ASG Y	MOA MA15	
1013940584	0408	040825	11	1	3077F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
1013940584	0408	040825	11	1	3079F		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 PALAZZOLA, JANET T					HIC 2G46C35CG30	ACNT 5759LMD642			ICN 1825100645472		ASG Y	MOA MA15	
1306898036	0409	040925	11	1	3078F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
1306898036	0409	040925	11	1	3075F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
1306898036	0409	040925	11	1	3008F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
1306898036	0409	040925	11	1	2001F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
1306898036	0409	040925	11	1	1000F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
1306898036	0409	040925	11	1	1159F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
1306898036	0409	040925	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 SELDERS, JERILYN M					HIC 3Q05T51CE72	ACNT 5701LMD642			ICN 1825098655580		ASG Y	MOA MA01 MA18 MA15	
1306898036	0407	040725	11	1	99215		295.00	169.85	169.85	0.00	CO-45	125.15	0.00
1306898036	0407	040725	11	1	G2211		25.00	15.26	15.26	0.00	CO-45	9.74	0.00
1306898036	0407	040725	11	1	G8420		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1306898036	0407	040725	11	1	2000F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
PT RESP	185.11				CLAIM TOTALS		320.00	185.11	185.11	0.00		134.89	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: BLUE CROSS BLUE SHIELD OF MI													



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	1825111868062	ASG Y	MOA MA15
1306898036	0401	040125	11	1	G0447	XU		0.00	0.00	0.00	0.00			0.00
						REM: M79	MA130							
1306898036	0401	040125	11	1	3074F			0.00	0.00	0.00	0.00			0.00
						REM: N517	MA130							
1306898036	0401	040125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
						REM: N517	MA130							
1306898036	0401	040125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
						REM: N517	MA130							
1306898036	0401	040125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
						REM: N517	MA130							
1306898036	0401	040125	11	1	1000F			0.00	0.00	0.00	0.00			0.00
						REM: N517	MA130							
1306898036	0401	040125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
						REM: N517	MA130							
1306898036	0401	040125	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														

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	5	320.00	185.11	185.11	0.00	134.89	0.00	0.00	0.00

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

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

M79 Missing / incomplete / invalid charge.

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.

N517 Resubmit a new claim with the requested information.

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

PR-1 Deductible Amount

