

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: 2025-03-18
EFT #: 899018590
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME MINER, DIANA J			HIC 6E71H52TH12		ACNT	5056LMD642	ICN 1825063654930		ASG Y	MOA	MA01	MA18	MA15
1013940584	0225	022525	11	1	99214	25	219.00	120.84	120.84	0.00	CO-45	98.16	0.00
1013940584	0225	022525	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
REM: N20													
1013940584	0225	022525	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67	5.08
												CO-253	0.10
1013940584	0225	022525	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92	5.66
												CO-253	0.12
1013940584	0225	022525	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18
1013940584	0225	022525	11	1	2000F		0.00	0.00	0.00	0.00			0.00
REM: N620													
PT RESP		120.84			CLAIM TOTALS		296.55	140.89	120.84	0.00		156.06	19.65
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	19.65
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP													

NAME SWIGER, NANCY A			HIC 2M51EP2TK01		ACNT	5062LMD642	ICN 1825063654870		ASG Y	MOA	MA01	MA15	
1306898036	0303	030325	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15	119.41
												CO-253	2.44
1306898036	0303	030325	11	1	99497	33	132.00	77.66	0.00	0.00	CO-45	54.34	76.11
												CO-253	1.55
1306898036	0303	030325	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
REM: N390													
1306898036	0303	030325	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92	5.66
												CO-253	0.12
1306898036	0303	030325	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67	5.08
												CO-253	0.10
1306898036	0303	030325	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-45	13.78	15.90
												CO-253	0.32
1306898036	0303	030325	11	1	G9622		0.00	0.00	0.00	0.00			0.00
REM: N620													
1306898036	0303	030325	11	1	G8510		0.00	0.00	0.00	0.00			0.00
REM: N620													
1306898036	0303	030325	11	1	1036F		0.00	0.00	0.00	0.00			0.00
REM: N620													
PT RESP		0.00			CLAIM TOTALS		580.55	226.69	0.00	0.00		358.39	222.16
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	222.16
STATUS CODE 1: Processed as Primary													

NAME VANDERVEEN, PATRICIA A			HIC 9FG6RK1EM53		ACNT	5047LMD642	ICN 1825063654910		ASG Y	MOA	MA01	MA18	MA15
1306898036	0228	022825	11	1	99495		318.00	192.73	0.00	38.55	CO-45	125.27	151.10
												CO-253	3.08
1306898036	0228	022825	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
REM: N390													
1306898036	0228	022825	11	1	G8420		0.00	0.00	0.00	0.00			0.00
REM: N620													
1306898036	0228	022825	11	1	1036F		0.00	0.00	0.00	0.00			0.00
REM: N620													
PT RESP		38.55			CLAIM TOTALS		343.00	192.73	0.00	38.55		153.35	151.10
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	NET	151.10
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: CIGNA INSURANCE COMPANY													

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	1220.10	560.31	120.84	38.55	667.80	392.91	0.00	392.91

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.
MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To



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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.

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-1 Deductible Amount

PR-2 Coinsurance Amount

