

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 1
DATE: 2025-04-29
EFT #: 899143486
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME PALAZZOLA, JANET T			HIC	2G46C35CG30	ACNT	5759LMD642	ICN 1825100645470			ASG Y	MOA MA01 MA07 MA15	
1306898036	0409	040925	11	1	99214	25	219.00	120.84	120.84	0.00	CO-45	98.16 0.00
1306898036	0409	040925	11	1	G2211		25.00	15.26	15.26	0.00	CO-45	9.74 0.00
1306898036	0409	040925	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06 30.32
											CO-253	0.62
1306898036	0409	040925	11	1	99401	33	65.00	0.00	0.00	0.00	PR-96	65.00 0.00
						REM: N130						
1306898036	0409	040925	11	1	1036F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1306898036	0409	040925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP	201.10				CLAIM TOTALS		374.00	167.04	136.10	0.00		207.58 30.32
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 30.32
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS												

NAME ROBINSON, KAREN J			HIC	7H63H06XV91	ACNT	5802LMD642	ICN 1825105653010			ASG Y	MOA MA01 MA18 MA15	
1306898036	0411	041125	11	1	99213		146.00	85.63	0.00	17.13	CO-45	60.37 67.13
											CO-253	1.37
1306898036	0411	041125	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74 11.97
											CO-253	0.24
PT RESP	20.18				CLAIM TOTALS		171.00	100.89	0.00	20.18		71.72 79.10
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 79.10
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: LOYAL AMERICAN LIFE INSURANCE CO												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	545.00	267.93	136.10	20.18	279.30	109.42	0.00	109.42

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.
MA07 Alert: The claim information has also been forwarded to Medicaid for review.
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.
N620 Alert: This procedure code is for quality reporting / informational purposes only.
PR-1 Deductible Amount
PR-2 Coinsurance Amount
PR-96 Non-covered charge(s).

