

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: 2025-07-11
EFT #: 899356285
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	COLE, DAVID K				HIC 9XK2FJ4UM26	ACNT	7178LMD642			ICN 1825178822530	ASG Y	MOA MA01 MA18 MA15
1013940584	0626	062625	11	1	99213	25	146.00	85.63	85.63	0.00	CO-45	60.37 0.00
1013940584	0626	062625	11	1	G2211		25.00	15.26	15.26	0.00	CO-45	9.74 0.00
1013940584	0626	062625	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06 30.32
											CO-253	0.62
1013940584	0626	062625	11	1	99401	25	65.00	0.00	0.00	0.00	PR-96	65.00 0.00
						REM: N130						
1013940584	0626	062625	11	1	1036F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0626	062625	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP	165.89				CLAIM TOTALS		301.00	131.83	100.89	0.00		169.79 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: UNITEDHEALTH GROUP												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	301.00	131.83	100.89	0.00	169.79	30.32	0.00	30.32

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.
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-96 Non-covered charge(s).

