

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: 2025-04-23
EFT #: 899124429
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HANSEN, DEBRA R					HIC 1PV6X96DW72	ACNT 5600LMD642			ICN 1825092767270	ASG Y	MOA MA01 MA18 MA15	
1013940584	0401	040125	11	1	99214		219.00	120.84	0.00	24.17	CO-45	98.16 94.74
											CO-253	1.93
1013940584	0401	040125	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74 11.97
											CO-253	0.24
1013940584	0401	040125	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP	27.22				CLAIM TOTALS		244.00	136.10	0.00	27.22		110.07 106.71
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 106.71
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: AMERICAN CONTINENTAL INSU.												

NAME LEBLOND, PHILIP					HIC 1NM4H23HV83	ACNT 5618LMD642			ICN 1825093604530	ASG Y	MOA MA01 MA18 MA15	
1306898036	0402	040225	11	1	99214		219.00	120.84	0.00	24.17	CO-45	98.16 94.74
											CO-253	1.93
1306898036	0402	040225	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74 11.97
											CO-253	0.24
1306898036	0402	040225	11	1	1036F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1306898036	0402	040225	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP	27.22				CLAIM TOTALS		244.00	136.10	0.00	27.22		110.07 106.71
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 106.71
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: HCSC-BCBS OF NM-NON STD A & B												

NAME STEENWYK, ROGER D					HIC 7EY0VR0FP10	ACNT 5647LMD642			ICN 1825094639870	ASG Y	MOA MA01 MA18 MA15	
1013940584	0401	040125	11	1	99214 25		219.00	120.84	112.31	1.71	CO-45	98.16 6.68
											CO-253	0.14
1013940584	0401	040125	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91 8.91
											CO-253	0.18
1013940584	0401	040125	11	1	G0446 XU		61.88	30.94	0.00	0.00	CO-45	30.94 30.32
											CO-253	0.62
1013940584	0401	040125	11	1	82043 QW		14.70	5.78	0.00	0.00	CO-45	8.92 5.66
											CO-253	0.12
1013940584	0401	040125	11	1	82570 QW		17.85	5.18	0.00	0.00	CO-45	12.67 5.08
											CO-253	0.10
1013940584	0401	040125	11	1	G0447 XU		65.00	30.94	0.00	0.00	CO-45	34.06 30.32
											CO-253	0.62
1013940584	0401	040125	11	1	99401 33		65.00	0.00	0.00	0.00	PR-96	65.00 0.00
						REM: N130						
1013940584	0401	040125	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74 11.97
											CO-253	0.24
1013940584	0401	040125	11	1	97803		59.34	0.00	0.00	0.00	PR-172	59.34 0.00
PT RESP	241.41				CLAIM TOTALS		547.77	218.03	112.31	4.76		331.76 98.94
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 98.94
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	1035.77	490.23	112.31	59.20	551.90	312.36	0.00	312.36

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



WPS GH A - MAC J8 MI PART B

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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-172 Payment is adjusted when performed / billed by a provider of this specialty

PR-2 Coinsurance Amount

PR-96 Non-covered charge(s).

