

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: 2025-06-20
EFT #: 899296595
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD			
NAME AUSEMA, STEVEN N					HIC 1HY8HJ2FK36	ACNT	6772LMD642		ICN 1825157739870		ASG Y	MOA	MA01	MA18	MA15
1306898036	0604	060425	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15		119.41	
											CO-253	2.44			
1306898036	0604	060425	11	1	99214	25	241.68	120.84	120.84	0.00	CO-45	120.84		0.00	
1306898036	0604	060425	11	1	99497	33	132.00	77.66	0.00	0.00	CO-45	54.34		76.11	
											CO-253	1.55			
1306898036	0604	060425	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91		8.91	
											CO-253	0.18			
1306898036	0604	060425	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-45	47.60		17.05	
											CO-253	0.35			
1306898036	0604	060425	11	1	G2211		25.00	15.26	15.26	0.00	CO-45	9.74		0.00	
1306898036	0604	060425	11	1	G0444	XU	91.00	16.22	0.00	0.00	CO-45	74.78		15.90	
											CO-253	0.32			
1306898036	0604	060425	11	1	G0442	XU	43.00	16.22	0.00	0.00	CO-45	26.78		15.90	
											CO-253	0.32			
1306898036	0604	060425	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06		30.32	
											CO-253	0.62			
1306898036	0604	060425	11	1	G9622		0.00	0.00	0.00	0.00				0.00	
					REM: N620										
1306898036	0604	060425	11	1	1036F		0.00	0.00	0.00	0.00				0.00	
					REM: N620										
1306898036	0604	060425	11	1	2000F		0.00	0.00	0.00	0.00				0.00	
					REM: N620										
1306898036	0604	060425	11	1	G0556		29.48	14.74	14.74	0.00	CO-45	14.74		0.00	
PT RESP	150.84				CLAIM TOTALS		1073.16	440.22	150.84	0.00		638.72		283.60	
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET		283.60	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)															
CLAIM INFORMATION FORWARDED TO: LOYAL AMERICAN LIFE INSURANCE CO															

NAME CHOU, GUEYHWA L					HIC 9XJ3DH2JP87	ACNT	6788LMD642		ICN 1825157739830		ASG Y	MOA	MA01	MA18	MA15
1306898036	0604	060425	11	1	99214		219.00	120.84	0.00	24.17	CO-45	98.16		94.74	
											CO-253	1.93			
1306898036	0604	060425	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74		11.97	
											CO-253	0.24			
1306898036	0604	060425	11	1	G8420		0.00	0.00	0.00	0.00				0.00	
					REM: N620										
1306898036	0604	060425	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: MUTUAL OF OMAHA															



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME DEKLEINE, JOHN C						HIC 4Q52PV4CY22	ACNT 6771LMD642			ICN 1825156474950		ASG Y	MOA MA01	MA15
1013940584	0522	052225	11	1	99397	25		341.00	0.00	0.00	0.00	PR-96	341.00	0.00
							REM: N130							
1013940584	0522	052225	11	1	G0136			65.00	17.40	0.00	3.48	CO-45	47.60	13.64
												CO-253	0.28	
1013940584	0522	052225	11	1	G0446	XU		65.00	0.00	0.00	0.00	CO-119	65.00	0.00
							REM: M25 N362							
1013940584	0522	052225	11	1	36415			20.00	0.00	0.00	0.00	CO-B13	20.00	0.00
1013940584	0522	052225	11	1	G2211			25.00	0.00	0.00	0.00	CO-234	25.00	0.00
							REM: N390							
1013940584	0522	052225	11	1	G8510			0.00	0.00	0.00	0.00			0.00
							REM: N620							
1013940584	0522	052225	11	1	G9622			0.00	0.00	0.00	0.00			0.00
							REM: N620							
1013940584	0522	052225	11	1	1036F			0.00	0.00	0.00	0.00			0.00
							REM: N620							
1013940584	0522	052225	11	1	36415			20.00	0.00	0.00	0.00	CO-50	20.00	0.00
							REM: N130							
PT RESP	344.48					CLAIM TOTALS		536.00	17.40	0.00	3.48		518.88	13.64
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	13.64
STATUS CODE 1: Processed as Primary														

NAME OLNEY, NAN						HIC 8T71YW7RC97	ACNT 6787LMD642			ICN 1825156474910		ASG Y	MOA MA01	MA18	MA15
1306898036	0604	060425	11	1	99214			219.00	120.84	0.00	24.17	CO-45	98.16	94.74	
												CO-253	1.93		
1306898036	0604	060425	11	1	G2211			25.00	15.26	0.00	3.05	CO-45	9.74	11.97	
												CO-253	0.24		
1306898036	0604	060425	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32	
												CO-253	0.62		
1306898036	0604	060425	11	1	99401	25		65.00	0.00	0.00	0.00	PR-96	65.00	0.00	
							REM: N130								
1306898036	0604	060425	11	1	2000F			0.00	0.00	0.00	0.00			0.00	
							REM: N620								
PT RESP	92.22					CLAIM TOTALS		374.00	167.04	0.00	27.22		209.75	137.03	
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	137.03	
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
	4	2227.16	760.76	150.84	57.92	1477.42	540.98	0.00	540.98

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

CO-119 Benefit maximum for this time period or occurrence has been reached.

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.

CO-50 These are non-covered services because this is not deemed a 'medical necessity' by the payer.

CO-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.

M25 The information furnished does not substantiate the need for this level of service. If you believe the service should have been fully covered as billed, or if you did not know and could not reasonably have been expected to know that we would not pay for this level of service, or if you notified the patient in writing in advance that we would not pay for this level of service and he / she agreed in writing to pay, ask us to review your claim within 120 days of the date of this notice. If you do not request a appeal, we will, upon application from the patient, reimburse him / her for the amount you have collected from him / her in excess of any deductible and coinsurance amounts. We will recover the reimbursement from you as an overpayment.

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.

N362 The number of Days or Units of Service exceeds our acceptable maximum.

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

PR-96 Non-covered charge(s).

