

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: 2025-05-28  
NONPAY #: 393604188  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BEMKE, KENNETH G			HIC 3M07QN8AM47		ACNT 6557LMD642		ICN 1825142688612			ASG Y		MOA MA15	
1013940584	0507	050725	11	1	3077F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0507	050725	11	1	3079F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0507	050725	11	1	3008F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0507	050725	11	1	2001F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0507	050725	11	1	1000F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0507	050725	11	1	1159F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0507	050725	11	1	1160F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
PT RESP		0.00	CLAIM		TOTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD			INTEREST				0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary													

NAME BEMKE, KENNETH G			HIC 3M07QN8AM47		ACNT 6558LMD642		ICN 1825142688632			ASG Y		MOA MA15	
1013940584	0521	052125	11	1	3008F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0521	052125	11	1	2001F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0521	052125	11	1	1000F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0521	052125	11	1	1159F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0521	052125	11	1	1160F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0521	052125	11	1	3077F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1013940584	0521	052125	11	1	3079F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
PT RESP		0.00	CLAIM		TOTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD			INTEREST				0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary													

NAME BROWN, CYNTHIA K			HIC 9R51YC5CN94		ACNT 6570LMD642		ICN 1825142688650			ASG Y		MOA MA01 MA15	
1013940584	0521	052125	11	1	99214 25		219.00	0.00	0.00	0.00	CO-24	219.00	0.00
1013940584	0521	052125	11	1	G2211		25.00	0.00	0.00	0.00	CO-24	25.00	0.00
1013940584	0521	052125	11	1	G0446 XU		65.00	0.00	0.00	0.00	CO-24	65.00	0.00
1013940584	0521	052125	11	1	G0447 XU		65.00	0.00	0.00	0.00	CO-24	65.00	0.00
1013940584	0521	052125	11	1	99401 25		65.00	0.00	0.00	0.00	PR-96	65.00	0.00
						REM: N130							
1013940584	0521	052125	11	1	2000F		0.00	0.00	0.00	0.00			0.00
						REM: N620							
PT RESP		65.00	CLAIM		TOTALS		439.00	0.00	0.00	0.00		439.00	0.00
ADJ TO TOTAL: PREV PD			INTEREST				0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary													



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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BULTENA, JULIE HIC 4A86W44KP70 ACNT 6566LMD642 ICN 1825142688642 ASG Y MOA MA15														
1306898036	0521	052125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
REM: N517 MA130														
1306898036	0521	052125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
REM: N517 MA130														
1306898036	0521	052125	11	1	1000F			0.00	0.00	0.00	0.00			0.00
REM: N517 MA130														
1306898036	0521	052125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
REM: N517 MA130														
1306898036	0521	052125	11	1	1160F			0.00	0.00	0.00	0.00			0.00
REM: N517 MA130														
PT RESP	0.00				CLAIM	TOTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00														
STATUS CODE 1: Processed as Primary														

NAME CRISMAN, HAROLD HIC 7W21VM5MJ18 ACNT 6552LMD642 ICN 1825142693022 ASG Y MOA MA15														
1306898036	0521	052125	11	1	3074F			0.00	0.00	0.00	0.00			0.00
REM: N517 MA130														
1306898036	0521	052125	11	1	3079F			0.00	0.00	0.00	0.00			0.00
REM: N517 MA130														
1306898036	0521	052125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
REM: N517 MA130														
1306898036	0521	052125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
REM: N517 MA130														
1306898036	0521	052125	11	1	1000F			0.00	0.00	0.00	0.00			0.00
REM: N517 MA130														
1306898036	0521	052125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
REM: N517 MA130														
1306898036	0521	052125	11	1	1160F			0.00	0.00	0.00	0.00			0.00
REM: N517 MA130														
PT RESP	0.00				CLAIM	TOTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00														
STATUS CODE 1: Processed as Primary														

NAME LUYK, DANIEL J HIC 8RE8QH4AC63 ACNT 6447LMD642 ICN 1825142693052 ASG Y MOA MA15														
1013940584	0515	051525	11	1	3074F			0.00	0.00	0.00	0.00			0.00
REM: N517 MA130														
1013940584	0515	051525	11	1	3078F			0.00	0.00	0.00	0.00			0.00
REM: N517 MA130														
1013940584	0515	051525	11	1	1158F			0.00	0.00	0.00	0.00			0.00
REM: N517 MA130														
1013940584	0515	051525	11	1	2028F			0.00	0.00	0.00	0.00			0.00
REM: N517 MA130														
PT RESP	0.00				CLAIM	TOTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 0.00														
STATUS CODE 1: Processed as Primary														

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	6	439.00	0.00	0.00	0.00	439.00	0.00	0.00	0.00

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

CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.

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.

MA130 Your claim contains incomplete and / or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete / correct information.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

N130 Consult plan benefit documents / guidelines for information about restrictions for this service.

N517 Resubmit a new claim with the requested information.

N620 Alert: This procedure code is for quality reporting / informational purposes only.

PR-96 Non-covered charge(s).

