

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: 2025-05-23  
EFT #: 899219862  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MENACHER, JAMES B			HIC	1F96J73EU53	ACNT	6261LMD642				ICN	1825129606270	ASG Y MOA MA01 MA18 MA15
1013940584	0507	050725	11	1	99215	25	295.00	169.85	0.00	33.97	CO-45	125.15 133.16
1013940584	0507	050725	11	1	36415		20.00	9.09	0.00	0.00	CO-253	2.72
1013940584	0507	050725	11	1	G2211		25.00	0.00	0.00	0.00	CO-45	10.91
1013940584	0507	050725	11	1	2000F		0.00	0.00	0.00	0.00	CO-253	0.18
											CO-234	25.00
												0.00
PT RESP	33.97						340.00	178.94	0.00	33.97		163.96 142.07
ADJ TO TOTAL: PREV PD							0.00				0.00	NET 142.07
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: MUTUAL OF OMAHA												

NAME WEAVER, REBECCA L			HIC	3G58QM6DM63	ACNT	6265LMD642				ICN	1825129606440	ASG Y MOA MA01 MA15
1306898036	0421	042125	11	1	83036	QW	60.90	9.71	0.00	0.00	CO-45	51.19 9.52
PT RESP	0.00						60.90	9.71	0.00	0.00	CO-253	0.19
ADJ TO TOTAL: PREV PD							0.00				0.00	51.38 9.52
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
	2	400.90	188.65	0.00	33.97	215.34	151.59	0.00	151.59

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

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.  
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.  
N20 Service not payable with other service rendered on the same date.  
N620 Alert: This procedure code is for quality reporting / informational purposes only.  
PR-2 Coinsurance Amount

