

WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
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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: 2025-07-24
EFT #: 899389456
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	CARPENTER, DONALD C		HIC	9NE3RN6XT76	ACNT	7361LMD642				ICN	1825191701800	ASG	Y
1013940584	0404	040425	11	1	99496	25	446.00	261.36	0.00	52.27	CO-45	184.64	204.91
1013940584	0404	040425	11	1	G2211		30.52	0.00	0.00	0.00	CO-253	4.18	
											CO-234	30.52	0.00
						REM: N390							
1013940584	0404	040425	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-253	0.62	
1013940584	0404	040425	11	1	99401	25	65.00	0.00	0.00	0.00	PR-96	65.00	0.00
						REM: N130							
PT RESP	117.27				CLAIM	TOTALS	606.52	292.30	0.00	52.27		319.02	235.23
ADJ TO TOTAL: PREV PD						INTEREST	0.00			LATE FILING CHARGE	0.00	NET	235.23
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: PRIORITY HEALTH													

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	1	606.52	292.30	0.00	52.27	319.02	235.23	0.00	235.23

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.

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

N390 This service / report cannot be billed separately.

PR-2 Coinsurance Amount

PR-96 Non-covered charge(s).

