

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: 2025-03-26
NONPAY #: 393472885
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BULTENA, JULIE			HIC 4A86W44KP70		ACNT 3204LMD642		ICN 1825080616052			ASG Y		MOA MA15	
1306898036	1120	112024	11	1	3074F		0.00	0.00	0.00	0.00			0.00
REM: N517 MA130													
1306898036	1120	112024	11	1	3078F		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 CROSS, RHONDA			HIC 4N34VY7GD83		ACNT 4827LMD642		ICN 1825084628792			ASG Y		MOA MA15	
1306898036	0217	021725	11	1	3074F		0.00	0.00	0.00	0.00			0.00
REM: N517 MA130													
1306898036	0217	021725	11	1	3079F		0.00	0.00	0.00	0.00			0.00
REM: N517 MA130													
1306898036	0217	021725	11	1	3008F		0.00	0.00	0.00	0.00			0.00
REM: N517 MA130													
1306898036	0217	021725	11	1	2001F		0.00	0.00	0.00	0.00			0.00
REM: N517 MA130													
1306898036	0217	021725	11	1	1000F		0.00	0.00	0.00	0.00			0.00
REM: N517 MA130													
1306898036	0217	021725	11	1	1159F		0.00	0.00	0.00	0.00			0.00
REM: N517 MA130													
1306898036	0217	021725	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 DYKSTRA, DEBORAH A			HIC 8XF7XE3XU48		ACNT 5194LMD642		ICN 1825076902020			ASG Y		MOA MA01 MA15	
1013940584	0311	031125	11	1	G0439		361.00	0.00	0.00	0.00	CO-B13	361.00	0.00
1013940584	0311	031125	11	1	99215 25		295.00	0.00	0.00	0.00	CO-97	295.00	0.00
REM: M86													
1013940584	0311	031125	11	1	36415		20.00	0.00	0.00	0.00	CO-B13	20.00	0.00
1013940584	0311	031125	11	1	82043 QW		14.70	0.00	0.00	0.00	CO-B13	14.70	0.00
1013940584	0311	031125	11	1	82570 QW		17.85	0.00	0.00	0.00	CO-B13	17.85	0.00
1013940584	0311	031125	11	1	G0442 XU		30.00	0.00	0.00	0.00	CO-B13	30.00	0.00
1013940584	0311	031125	11	1	G0444 XU		29.45	0.00	0.00	0.00	CO-119	29.45	0.00
REM: M25 N362													
1013940584	0311	031125	11	1	G2211		25.00	0.00	0.00	0.00	CO-B13	25.00	0.00
1013940584	0311	031125	11	1	G9621		0.00	0.00	0.00	0.00			0.00
REM: N620													
1013940584	0311	031125	11	1	G8510		0.00	0.00	0.00	0.00			0.00
REM: N620													
PT RESP		0.00	CLAIM		TOTALS		793.00	0.00	0.00	0.00		793.00	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 DYKSTRA, DEBORAH A			HIC 8XF7XE3XU48		ACNT 5194LMD642		ICN 1825084280062			ASG Y		MOA MA15	
1013940584	0311	031125	11	1	1158F		0.00	0.00	0.00	0.00			0.00
REM: N517 MA130													
1013940584	0311	031125	11	1	3074F		0.00	0.00	0.00	0.00			0.00
REM: N517 MA130													
1013940584	0311	031125	11	1	3078F		0.00	0.00	0.00	0.00			0.00
REM: N517 MA130													
1013940584	0311	031125	11	1	3061F		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													



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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DYKSTRA, DEBORAH A HIC 8XF7XE3XU48 ACNT 5194LMD642 ICN 1825084612042 ASG Y MOA MA15												
1013940584	0311	031125	11	1	1158F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0311	031125	11	1	3074F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0311	031125	11	1	3078F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0311	031125	11	1	3061F		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
STATUS CODE 1: Processed as Primary											0.00	NET 0.00

NAME SOTTOVIA, STEVEN T HIC 6JQ6W19MC62 ACNT 4882LMD642 ICN 1825084280012 ASG Y MOA MA15												
1306898036	0219	021925	11	1	99406 33		27.06	0.00	0.00	0.00	CO-16	27.06
REM: M20 MA130												
1306898036	0219	021925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1306898036	0219	021925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
PT RESP		0.00		CLAIM TOTALS			27.06	0.00	0.00	0.00	27.06	0.00
ADJ TO TOTAL: PREV PD								INTEREST		0.00	LATE FILING CHARGE	0.00
STATUS CODE 1: Processed as Primary											0.00	NET 0.00

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	6	820.06	0.00	0.00	0.00	820.06	0.00	0.00	0.00

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

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

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

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

M20 Missing / incomplete / invalid HCPCS.

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.

M86 Service denied because payment already made for same / similar procedure within set time frame.

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.

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

N517 Resubmit a new claim with the requested information.

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

