

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: 2025-03-18
NONPAY #: 393452736
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DYKSTRA, ALBERT J			HIC 7YX9Q62NP10		ACNT 5243LMD642		ICN 1825072647332		ASG Y		MOA MA15	
1013940584	0313	031325	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0313	031325	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0313	031325	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0313	031325	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0313	031325	11	1	1000F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0313	031325	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0313	031325	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 STILEN, MARGIE L			HIC 7YF1R22QC14		ACNT 5286LMD642		ICN 1925076035722		ASG Y		MOA MA15	
1013940584	0314	031425	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0314	031425	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0314	031425	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												

NAME YARBROUGH, PAUL			HIC 5QR6YG0KJ89		ACNT 5181LMD642		ICN 1825070598880		ASG Y		MOA MA01 MA18 MA15		
1306898036	0310	031025	11	1	99213		146.00	85.63	85.63	0.00	CO-45	60.37	0.00
1306898036	0310	031025	11	1	2000F		0.00	0.00	0.00	0.00			0.00
						REM: N620							
PT RESP		85.63			CLAIM TOTALS		146.00	85.63	85.63	0.00	60.37	0.00	0.00
ADJ TO TOTAL: PREV PD				INTEREST			0.00	LATE FILING CHARGE		0.00	NET	0.00	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: AMERICAN CONTINENTAL INSU.													

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	146.00	85.63	85.63	0.00	60.37	0.00	0.00	0.00

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

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.

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.

MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.

N517 Resubmit a new claim with the requested information.

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

PR-1 Deductible Amount

