

UMR []
115 W Wausau Ave
Wausau, WI 54401
(000)000-0000

REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
STE 202
7740 BYRON CENTER AVE SW
BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-08-26
EFT #: 727636990
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME VOGT, RICHARD			HIC 40797038		ACNT 7786LMD642		ICN 25221410331		ASG Y		MOA	
1013940584	0512	051225	11		99214	25	219.00	110.62	0.00	0.00	CO-45	85.62
											PR-3	108.38
												25.00
1013940584	0512	051225	11		1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0512	051225	11		1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0512	051225	11		90471		41.00	22.80	0.00	0.00	CO-45	22.80
1013940584	0512	051225	11		90715		87.00	58.86	0.00	0.00	CO-45	58.86
1013940584	0512	051225	11		3075F		0.00	0.00	0.00	0.00		0.00
1013940584	0512	051225	11		3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0512	051225	11		3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0512	051225	11		2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0512	051225	11		2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0512	051225	11		1000F		0.00	0.00	0.00	0.00		0.00
PT RESP	25.00				CLAIM TOTALS		347.00	192.28	0.00	0.00		179.72
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	167.28
STATUS CODE 1: Processed as Primary												

NAME VOGT, RICHARD			HIC 40797038		ACNT 7806LMD642		ICN 25221410870		ASG Y		MOA	
1013940584	0804	080425	11		99213		146.00	74.71	0.00	0.00	CO-45	49.71
											PR-3	71.29
												25.00
1013940584	0804	080425	11		1159F		0.00	0.00	0.00	0.00		0.00
1013940584	0804	080425	11		1160F		0.00	0.00	0.00	0.00		0.00
1013940584	0804	080425	11		3074F		0.00	0.00	0.00	0.00		0.00
1013940584	0804	080425	11		3079F		0.00	0.00	0.00	0.00		0.00
1013940584	0804	080425	11		G8476		0.00	0.00	0.00	0.00		0.00
1013940584	0804	080425	11		G8427		0.00	0.00	0.00	0.00		0.00
1013940584	0804	080425	11		3008F		0.00	0.00	0.00	0.00		0.00
1013940584	0804	080425	11		2001F		0.00	0.00	0.00	0.00		0.00
1013940584	0804	080425	11		2000F		0.00	0.00	0.00	0.00		0.00
1013940584	0804	080425	11		1000F		0.00	0.00	0.00	0.00		0.00
PT RESP	25.00				CLAIM TOTALS		146.00	74.71	0.00	0.00		96.29
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	49.71
STATUS CODE 1: Processed as Primary												

NAME IGLEHART, TIMOTHY			HIC 43545110		ACNT 7772LMD642		ICN 25221417387		ASG Y		MOA	
1306898036	0801	080125	11		99385	25	341.00	136.53	0.00	0.00	CO-45	136.53
1306898036	0801	080125	11		3074F		0.00	0.00	0.00	0.00		0.00
1306898036	0801	080125	11		3078F		0.00	0.00	0.00	0.00		0.00
1306898036	0801	080125	11		G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0801	080125	11		3075F		0.00	0.00	0.00	0.00		0.00
1306898036	0801	080125	11		G8427		0.00	0.00	0.00	0.00		0.00
1306898036	0801	080125	11		1036F		0.00	0.00	0.00	0.00		0.00
1306898036	0801	080125	11		36415		20.00	1.80	0.00	0.00	CO-45	1.80
1306898036	0801	080125	11		G0136	33	65.00	20.27	0.00	0.00	CO-45	20.27
1306898036	0801	080125	11		96127	XU	80.00	10.94	0.00	0.00	CO-45	10.94
1306898036	0801	080125	11		G0447	XU	65.00	0.00	0.00	0.00	CO-234	0.00
REM: M80												
1306898036	0801	080125	11		99401	25	65.00	0.00	0.00	0.00	CO-234	0.00
REM: M80												
1306898036	0801	080125	11		G8510		0.00	0.00	0.00	0.00		0.00
1306898036	0801	080125	11		G8476		0.00	0.00	0.00	0.00		0.00
1306898036	0801	080125	11		G8417		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		636.00	169.54	0.00	0.00		466.46
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	169.54
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
	Adjustment (CS)	ZELIS	TRANSACTION FEE	9.55

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	1129.00	436.53	0.00	0.00	742.47	376.98	9.55	376.98



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

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

M80 Not covered when performed during the same session/date as a previously processed service for the patient.

PR-3 Co-payment Amount

