

WPS GHA - MAC J8 MI PART B []  
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REMITTANCE  
ADVISE

TIMOTHY J. TOBOLIC, MD, PLLC  
7740 BYRON CENTER AVE SW  
STE 202  
BYRON CENTER, MI 493156929

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-06-16  
EFT #: 899282515  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	STILEN, MARGIE L				HIC 7YF1R22QC14	ACNT 6697LMD642				ICN 1825153805740	ASG Y	MOA MA01 MA18 MA15
1013940584	0530	053025	11	1	99396 25		327.00	0.00	0.00	0.00	PR-96	327.00 0.00
					REM: N130							
1013940584	0530	053025	11	1	G0136 33		34.80	0.00	0.00	0.00	CO-16	34.80 0.00
					REM: M51							
1013940584	0530	053025	11	1	99213		146.00	0.00	0.00	0.00	CO-236	146.00 0.00
1013940584	0530	053025	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91 8.91
											CO-253	0.18
1013940584	0530	053025	11	1	G0442 XU		30.00	16.22	0.00	0.00	CO-45	13.78 15.90
											CO-253	0.32
1013940584	0530	053025	11	1	G0444 XU		29.45	16.22	0.00	0.00	CO-45	13.23 15.90
											CO-253	0.32
1013940584	0530	053025	11	1	82043 QW		14.70	5.78	0.00	0.00	CO-45	8.92 5.66
											CO-253	0.12
1013940584	0530	053025	11	1	82570 QW		17.85	5.18	0.00	0.00	CO-45	12.67 5.08
											CO-253	0.10
1013940584	0530	053025	11	1	90677		350.00	312.90	0.00	0.00	CO-45	37.10 306.64
											CO-253	6.26
1013940584	0530	053025	11	1	90471		41.00	0.00	0.00	0.00	PR-96	41.00 0.00
					REM: N115							
					HCPI: L34596	A56900						
1013940584	0530	053025	11	1	G8510		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0530	053025	11	1	0513F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0530	053025	11	1	2000F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0530	053025	11	1	3354F		0.00	0.00	0.00	0.00		0.00
					REM: N130							
1013940584	0530	053025	11	1	3351F		0.00	0.00	0.00	0.00		0.00
					REM: N130							
PT RESP	368.00				CLAIM TOTALS		1010.80	365.39	0.00	0.00		652.71 358.09
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 358.09
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: MUTUAL OF OMAHA												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	1010.80	365.39	0.00	0.00	652.71	358.09	0.00	358.09

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

CO-16	Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.
CO-236	This procedure or procedure / modifier combination is not compatible with another procedure or procedure / modifier combination provided on the same day according to the National Correct Coding Initiative.
CO-253	Sequestration - reduction in federal spending
CO-45	Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
M51	Missing / incomplete / invalid procedure code(s).
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.
N115	This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD).An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at <a href="http://www.cms.hhs.gov/mcd">http://www.cms.hhs.gov/mcd</a> , or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.
N130	Consult plan benefit documents / guidelines for information about restrictions for this service.
N620	Alert: This procedure code is for quality reporting / informational purposes only.
PR-96	Non-covered charge(s).

