

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: 2025-04-17
EFT #: 899108842
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD				
NAME	HARSHMAN, HAROLD M		HIC	3J70PW1JG31	ACNT	5593LMD642				ICN	1825093604480	ASG Y	MOA	MA01	MA18	MA15
1306898036	0328	032825	11	1	99496	25	446.00	261.36	0.00	52.27	CO-45	184.64			204.91	
											CO-253	4.18				
1306898036	0328	032825	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00			0.00	
						REM: N390										
1306898036	0328	032825	11	1	G0558		206.72	103.36	0.00	20.67	CO-45	103.36			81.04	
											CO-253	1.65				
1306898036	0328	032825	11	1	G3002		156.72	78.36	0.00	15.67	CO-45	78.36			61.44	
											CO-253	1.25				
1306898036	0328	032825	11	4	G3003		228.72	114.36	0.00	22.87	CO-45	114.36			89.66	
											CO-253	1.83				
1306898036	0328	032825	11	1	G0446		30.00	30.00	0.00	0.00	CO-253	0.60			29.40	
1306898036	0328	032825	11	1	0513F		0.00	0.00	0.00	0.00					0.00	
						REM: N620										
PT RESP	111.48				CLAIM	TOTALS	1093.16	587.44	0.00	111.48		515.23			466.45	
ADJ TO TOTAL: PREV PD					INTEREST		0.00									
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)																
CLAIM INFORMATION FORWARDED TO: LOYAL AMERICAN LIFE INSURANCE CO																

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	1093.16	587.44	0.00	111.48	515.23	466.45	0.00	466.45

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.
N390 This service / report cannot be billed separately.
N620 Alert: This procedure code is for quality reporting / informational purposes only.
PR-2 Coinsurance Amount

