

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 3  
DATE: 2025-04-18  
NONPAY #: 393520144  
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 1825100645362			ASG Y	MOA MA15		
1306898036	1120	112024	11	1	G0447	XU	0.00	0.00	0.00	0.00			0.00
REM: M79 MA130													
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 CLARK, MICHELE H			HIC 5TE6JC0JY71		ACNT 5803LMD642		ICN 1825105653040			ASG Y	MOA MA01 MA15		
1306898036	0411	041125	11	1	G0439		361.00	0.00	0.00	0.00	CO-24	361.00	0.00
1306898036	0411	041125	11	1	99397	25	341.00	0.00	0.00	0.00	PR-96	341.00	0.00
REM: N130													
1306898036	0411	041125	11	1	99497	33	132.00	0.00	0.00	0.00	CO-24	132.00	0.00
1306898036	0411	041125	11	1	G2211		25.00	0.00	0.00	0.00	CO-24	25.00	0.00
1306898036	0411	041125	11	1	G0136	33	65.00	0.00	0.00	0.00	CO-24	65.00	0.00
1306898036	0411	041125	11	1	G0446	XU	65.00	0.00	0.00	0.00	CO-24	65.00	0.00
1306898036	0411	041125	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-24	29.45	0.00
1306898036	0411	041125	11	1	G0442	XU	30.00	0.00	0.00	0.00	CO-24	30.00	0.00
1306898036	0411	041125	11	1	36415		20.00	0.00	0.00	0.00	CO-24	20.00	0.00
1306898036	0411	041125	11	1	G9622		0.00	0.00	0.00	0.00			0.00
REM: N620													
1306898036	0411	041125	11	1	G9622		0.00	0.00	0.00	0.00			0.00
REM: N620													
1306898036	0411	041125	11	1	G8510		0.00	0.00	0.00	0.00			0.00
REM: N620													
1306898036	0411	041125	11	1	1123F		0.00	0.00	0.00	0.00			0.00
REM: N620													
PT RESP		341.00	CLAIM		TOTALS		1068.45	0.00	0.00	0.00		1068.45	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 HANSEN, DEBRA R			HIC 1PV6X96DW72		ACNT 5600LMD642		ICN 1825092767272			ASG Y	MOA MA15		
1013940584	0401	040125	11	1	3074F		0.00	0.00	0.00	0.00			0.00
REM: N517 MA130													
1013940584	0401	040125	11	1	3078F		0.00	0.00	0.00	0.00			0.00
REM: N517 MA130													
1013940584	0401	040125	11	1	3008F		0.00	0.00	0.00	0.00			0.00
REM: N517 MA130													
1013940584	0401	040125	11	1	2001F		0.00	0.00	0.00	0.00			0.00
REM: N517 MA130													
1013940584	0401	040125	11	1	1000F		0.00	0.00	0.00	0.00			0.00
REM: N517 MA130													
1013940584	0401	040125	11	1	1159F		0.00	0.00	0.00	0.00			0.00
REM: N517 MA130													
1013940584	0401	040125	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													



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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME LEBLOND, PHILIP													
1306898036	0402	040225	11	1	3075F	HIC 1NM4H23HV83 ACNT 5618LMD642	0.00	0.00	0.00	0.00	ICN 1825093604532 ASG Y MOA MA15		0.00
						REM: N517 MA130							
1306898036	0402	040225	11	1	3078F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1306898036	0402	040225	11	1	3008F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1306898036	0402	040225	11	1	2001F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1306898036	0402	040225	11	1	1000F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1306898036	0402	040225	11	1	1159F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1306898036	0402	040225	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 MCINTYRE, FREDERICK C													
1306898036	0416	041625	11	1	G0557 33	HIC 9WK4VY4FW83 ACNT 5885LMD642	94.10	0.00	0.00	0.00	ICN 1825107678752 ASG Y MOA MA15		0.00
						REM: M20 MA130					CO-16	94.10	
1306898036	0416	041625	11	1	3078F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1306898036	0416	041625	11	1	1158F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1306898036	0416	041625	11	1	1160F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1306898036	0416	041625	11	1	1159F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1306898036	0416	041625	11	1	2001F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1306898036	0416	041625	11	1	3008F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
PT RESP		0.00				CLAIM TOTALS	94.10	0.00	0.00	0.00		94.10	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 MENDEZ, HERIBERTO													
1306898036	0411	041125	11	1	3075F	HIC 3C61N70AN05 ACNT 5793LMD642	0.00	0.00	0.00	0.00	ICN 1825105094352 ASG Y MOA MA15		0.00
						REM: N517 MA130							
1306898036	0411	041125	11	1	3078F		0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130							
1306898036	0411	041125	11	1	3060F		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 ROBINSON, KAREN J													
1306898036	0411	041125	11	1	3074F	HIC 7H63H06XV91 ACNT 5802LMD642	0.00	0.00	0.00	0.00	ICN 1825105653012 ASG Y MOA MA15		0.00
						REM: N517 MA130							
1306898036	0411	041125	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 STEENWYK, ROGER D													
1013940584	0401	040125	11	1	3061F	HIC 7EY0VR0FP10 ACNT 5647LMD642	0.00	0.00	0.00	0.00	ICN 1825094639872 ASG Y MOA MA15		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
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ADVICE  
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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	THORNTON, MITCHELL A	HIC	7A78FQ8RC66	ACNT	5578LMD642									
1306898036	0401	040125	11	1	3074F			0.00	0.00	0.00	0.00	ASG Y	MOA MA15	0.00
						REM: N517 MA130								
1306898036	0401	040125	11	1	3079F			0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130								
1306898036	0401	040125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130								
1306898036	0401	040125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130								
1306898036	0401	040125	11	1	1000F			0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130								
1306898036	0401	040125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
						REM: N517 MA130								
1306898036	0401	040125	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	ZOMBERG, BERNADETT A	HIC	4PC2YA9GG85	ACNT	5806LMD642									
1013940584	0409	040925	11	1	3074F			0.00	0.00	0.00	0.00	ASG Y	MOA MA15	0.00
						REM: N517 MA130								
1013940584	0409	040925	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														

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	10	1162.55	0.00	0.00	0.00	1162.55	0.00	0.00	0.00

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-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.

M20 Missing / incomplete / invalid HCPCS.

M79 Missing / incomplete / invalid charge.

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.

N130 Consult plan benefit documents / guidelines for information about restrictions for this service.

N517 Resubmit a new claim with the requested information.

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

PR-96 Non-covered charge(s).

