

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 2
DATE: 2025-07-08
EFT #: 899343227
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BOERSMA, SHARON M					HIC 5WR2M19VR05	ACNT 7123LMD642				ICN 1825175646110	ASG Y	MOA	MA01 MA18 MA15
1013940584	0623	062325	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15	119.41
											CO-253	2.44	
1013940584	0623	062325	11	1	99397	25	341.00	0.00	0.00	0.00	PR-96	341.00	0.00
						REM: N130							
1013940584	0623	062325	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-45	13.78	15.90
											CO-253	0.32	
1013940584	0623	062325	11	1	G0444	XU	29.45	16.22	0.00	0.00	CO-45	13.23	15.90
											CO-253	0.32	
1013940584	0623	062325	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-45	47.60	17.05
											CO-253	0.35	
1013940584	0623	062325	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
						REM: N390							
1013940584	0623	062325	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
											CO-253	0.18	
1013940584	0623	062325	11	1	G9622		0.00	0.00	0.00	0.00			0.00
						REM: N620							
1013940584	0623	062325	11	1	1036F		0.00	0.00	0.00	0.00			0.00
						REM: N620							
1013940584	0623	062325	11	1	G8510		0.00	0.00	0.00	0.00			0.00
						REM: N620							
PT RESP		341.00			CLAIM TOTALS		871.45	180.78	0.00	0.00		694.28	177.17
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET	177.17
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: AMERICAN CONTINENTAL INSU.													

NAME MINER, EDWARD B					HIC 3RH1KP7NJ12	ACNT 7095LMD642				ICN 1825175646190	ASG Y	MOA	MA01 MA18 MA15
1013940584	0509	050925	11	1	99214	25	219.00	120.84	0.00	24.17	CO-45	98.16	94.74
											CO-253	1.93	
1013940584	0509	050925	11	1	15853		50.00	10.10	0.00	2.02	CO-45	39.90	7.92
											CO-253	0.16	
1013940584	0509	050925	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-253	0.62	
1013940584	0509	050925	11	1	99401	25	65.00	0.00	0.00	0.00	PR-96	65.00	0.00
						REM: N130							
1013940584	0509	050925	11	1	G8417		0.00	0.00	0.00	0.00			0.00
						REM: N620							
1013940584	0509	050925	11	1	G8427		0.00	0.00	0.00	0.00			0.00
						REM: N620							
1013940584	0509	050925	11	1	2000F		0.00	0.00	0.00	0.00			0.00
						REM: N620							
PT RESP		91.19			CLAIM TOTALS		399.00	161.88	0.00	26.19		239.83	132.98
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET	132.98
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP													



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	VANHAITSMA, TERRY J	HIC	1AV0Y72DC26	ACNT	7096LMD642									
1013940584	0620	062025	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
1013940584	0620	062025	11	1	99497	33		132.00	77.66	0.00	0.00	CO-253	2.44	
1013940584	0620	062025	11	1	99397	25		341.00	0.00	0.00	0.00	CO-45	54.34	76.11
												CO-253	1.55	
												PR-96	341.00	0.00
1013940584	0620	062025	11	1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	5.66
1013940584	0620	062025	11	1	82570	QW		17.85	5.18	0.00	0.00	CO-253	0.12	
												CO-45	12.67	5.08
												CO-253	0.10	
1013940584	0620	062025	11	1	G2211			25.00	0.00	0.00	0.00	CO-234	25.00	0.00
1013940584	0620	062025	11	1	G0442	XU		30.00	16.22	0.00	0.00	CO-45	13.78	15.90
												CO-253	0.32	
1013940584	0620	062025	11	1	G0444	XU		29.45	16.22	0.00	0.00	CO-45	13.23	15.90
												CO-253	0.32	
1013940584	0620	062025	11	1	G0136	33		65.00	17.40	0.00	0.00	CO-45	47.60	17.05
												CO-253	0.35	
1013940584	0620	062025	11	1	G9622			0.00	0.00	0.00	0.00			0.00
1013940584	0620	062025	11	1	G8510			0.00	0.00	0.00	0.00			0.00
1013940584	0620	062025	11	1	G8476			0.00	0.00	0.00	0.00			0.00
1013940584	0620	062025	11	1	G8427			0.00	0.00	0.00	0.00			0.00
PT RESP	341.00													
ADJ TO TOTAL: PREV PD														
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	2286.45	602.97	0.00	26.19	1695.00	565.26	0.00	565.26

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.

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

N390 This service / report cannot be billed separately.

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

PR-2 Coinsurance Amount

PR-96 Non-covered charge(s).

