

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: 2025-03-27
NONPAY #: 393476178
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CARPENTER, DONALD C			HIC	9NE3RN6XT76	ACNT	5408LMD642			ICN	1925083079612	ASG Y	MOA MA15
1013940584	0321	032125	11	1	3075F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0321	032125	11	1	3079F		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
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 1: Processed as Primary												

NAME DEKLEINE, BETTY L			HIC	5T86XF2JU62	ACNT	5411LMD642			ICN	1925083079692	ASG Y	MOA MA15
1013940584	0310	031025	11	1	3074F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0310	031025	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
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 1: Processed as Primary												

NAME MILLER, STEVEN L			HIC	4C73XM2WD80	ACNT	5169LMD642			ICN	1825085702132	ASG Y	MOA MA15
1013940584	0310	031025	11	1	2028F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0310	031025	11	1	3075F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0310	031025	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
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 1: Processed as Primary												

NAME WEAVER, REBECCA L			HIC	3G58QM6DM63	ACNT	5416LMD642			ICN	1925083079580	ASG Y	MOA MA01
1306898036	0312	031225	11	1	G0180		99.42	0.00	0.00	0.00	CO-16	99.42
REM: N320												
PT RESP	0.00				CLAIM TOTALS		99.42	0.00	0.00	0.00		99.42
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	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
	4	99.42	0.00	0.00	0.00	99.42	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.

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.

N320 Missing / incomplete / invalid Home Health Certification Period.

N517 Resubmit a new claim with the requested information.

