

WPS GHA - MAC J8 MI PART B []  
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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: 2025-06-06  
EFT #: 899260189  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	SOTTOVIA, STEVEN T		HIC	6JQ6W19MC62	ACNT	6293LMD642			ICN	1825143692830	ASG Y	MOA MA01 MA15
1306898036	0509	050925	11	1	99214	25	219.00	0.00	0.00	0.00	CO-B13	219.00 0.00
1306898036	0509	050925	11	1	G2211		25.00	0.00	0.00	0.00	CO-B13	25.00 0.00
1306898036	0509	050925	11	1	99406		27.06	13.53	0.00	0.00	CO-45	13.53 13.26
											CO-253	0.27
1306898036	0509	050925	11	1	G0446	XU	65.00	0.00	0.00	0.00	CO-151	65.00 0.00
						REM: MA01						
1306898036	0509	050925	11	1	G0447	XU	65.00	0.00	0.00	0.00	CO-B13	65.00 0.00
1306898036	0509	050925	11	1	0513F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1306898036	0509	050925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP	0.00				CLAIM TOTALS		401.06	13.53	0.00	0.00		387.80 13.26
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 13.26
STATUS CODE 1: Processed as Primary												

NAME	STUART, AMANDA L		HIC	9UM8AR3AX46	ACNT	6592LMD642			ICN	1825143706760	ASG Y	MOA MA01 MA07 MA15
1013940584	0522	052225	11	1	99214		219.00	120.84	0.00	24.17	CO-45	98.16 94.74
						REM: N782					CO-253	1.93
1013940584	0522	052225	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74 11.97
						REM: N782					CO-253	0.24
1013940584	0522	052225	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP	27.22				CLAIM TOTALS		244.00	136.10	0.00	27.22		110.07 106.71
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 106.71
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS												

NAME	THOMPSON, DANIEL G		HIC	6VG6P16CT68	ACNT	6508LMD642			ICN	1825141733410	ASG Y	MOA MA01 MA15
1306898036	0519	051925	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15 119.41
											CO-253	2.44
1306898036	0519	051925	11	1	99214	25	241.68	120.84	120.84	0.00	CO-45	120.84 0.00
1306898036	0519	051925	11	1	G0136	XU	65.00	17.40	17.40	0.00	CO-45	47.60 0.00
1306898036	0519	051925	11	1	G0444	XU	91.00	16.22	0.00	0.00	CO-45	74.78 15.90
											CO-253	0.32
1306898036	0519	051925	11	1	G0442	XU	43.00	16.22	0.00	0.00	CO-45	26.78 15.90
											CO-253	0.32
1306898036	0519	051925	11	1	G0556		29.48	14.74	8.12	1.32	CO-45	14.74 5.19
											CO-253	0.11
1306898036	0519	051925	11	1	G0447	XU	65.00	0.00	0.00	0.00	CO-167	65.00 0.00
						REM: M25 N386						
1306898036	0519	051925	11	1	36415		20.00	0.00	0.00	0.00	CO-B13	20.00 0.00
1306898036	0519	051925	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74 11.97
											CO-253	0.24
1306898036	0519	051925	11	1	36415		20.00	0.00	0.00	0.00	CO-50	20.00 0.00
						REM: N130						
1306898036	0519	051925	11	1	G8510		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1306898036	0519	051925	11	1	0513F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1306898036	0519	051925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP	150.73				CLAIM TOTALS		961.16	322.53	146.36	4.37		642.06 168.37
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 168.37
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
	3	1606.22	472.16	146.36	31.59	1139.93	288.34	0.00	288.34

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
CO-151 Payment adjusted because the payer deems the information submitted does not support this many services.  
CO-167 This (these) diagnosis(es) is (are) not covered.



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CO-253 Sequestration - reduction in federal spending

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-50 These are non-covered services because this is not deemed a 'medical necessity' by the payer.

CO-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.

M25 The information furnished does not substantiate the need for this level of service. If you believe the service should have been fully covered as billed, or if you did not know and could not reasonably have been expected to know that we would not pay for this level of service, or if you notified the patient in writing in advance that we would not pay for this level of service and he / she agreed in writing to pay, ask us to review your claim within 120 days of the date of this notice. If you do not request a appeal, we will, upon application from the patient, reimburse him / her for the amount you have collected from him / her in excess of any deductible and coinsurance amounts. We will recover the reimbursement from you as an overpayment.

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.

MA07 Alert: The claim information has also been forwarded to Medicaid for review.

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.

N386 This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd/search.asp>. If you do not have web access, you may contact the contractor to request a copy of the NCD.

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

N782 Alert: No coinsurance may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance.

PR-1 Deductible Amount

PR-2 Coinsurance Amount