

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: 2025-06-05
EFT #: 899255991
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BEMKE, KENNETH G					HIC 3M07QN8AM47	ACNT 6557LMD642				ICN 1825142688610	ASG Y	MOA	MA01 MA18 MA15
1013940584	0507	050725	11	1	99214 25		219.00	120.84	0.00	24.17	CO-45	98.16	94.74
											CO-253	1.93	
1013940584	0507	050725	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
					REM: N20								
1013940584	0507	050725	11	1	2000F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
PT RESP	24.17				CLAIM TOTALS		244.00	120.84	0.00	24.17		125.09	94.74
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET	94.74
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI													

NAME BEMKE, KENNETH G					HIC 3M07QN8AM47	ACNT 6558LMD642				ICN 1825142688630	ASG Y	MOA	MA01 MA18 MA15
1013940584	0521	052125	11	1	99214 25		219.00	120.84	0.00	24.17	CO-45	98.16	94.74
											CO-253	1.93	
1013940584	0521	052125	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
					REM: N20								
1013940584	0521	052125	11	1	G0557		94.10	47.05	0.00	9.41	CO-45	47.05	36.89
											CO-253	0.75	
1013940584	0521	052125	11	1	2000F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
PT RESP	33.58				CLAIM TOTALS		338.10	167.89	0.00	33.58		172.89	131.63
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET	131.63
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI													

NAME BULTENA, JULIE					HIC 4A86W44KP70	ACNT 6566LMD642				ICN 1825142688640	ASG Y	MOA	MA01 MA18 MA15
1306898036	0521	052125	11	1	99213 25		146.00	85.63	0.00	17.13	CO-45	60.37	67.13
											CO-253	1.37	
1306898036	0521	052125	11	1	0513F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1306898036	0521	052125	11	1	G0446 XU		65.00	0.00	0.00	0.00	CO-119	65.00	0.00
					REM: M25 N362								
1306898036	0521	052125	11	1	G0447 XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-253	0.62	
1306898036	0521	052125	11	1	99401 25		0.00	0.00	0.00	0.00			0.00
					REM: N130								
1306898036	0521	052125	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74	11.97
											CO-253	0.24	
1306898036	0521	052125	11	1	2000F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
PT RESP	20.18				CLAIM TOTALS		301.00	131.83	0.00	20.18		171.40	109.42
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET	109.42
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI													

NAME CRISMAN, HAROLD					HIC 7W21VM5MJ18	ACNT 6552LMD642				ICN 1825142693020	ASG Y	MOA	MA01 MA07 MA15
1306898036	0521	052125	11	1	99214		219.00	120.84	0.00	24.17	CO-45	98.16	94.74
					REM: N782						CO-253	1.93	
1306898036	0521	052125	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74	11.97
					REM: N782						CO-253	0.24	
1306898036	0521	052125	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					NET	106.71
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS													



REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME LUYK, DANIEL J					HIC 8RE8QH4AC63	ACNT	6447LMD642		ICN 1825142693050	ASG Y	MOA MA01 MA15		
1013940584	0515	051525	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15	119.41
1013940584	0515	051525	11	1	99397	25	341.00	0.00	0.00	0.00	CO-253	2.44	
					REM: N130						PR-96	341.00	0.00
1013940584	0515	051525	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-45	47.60	17.05
1013940584	0515	051525	11	1	G0557		94.10	47.05	0.00	9.41	CO-253	0.35	
											CO-45	47.05	36.89
1013940584	0515	051525	11	1	G2211		25.00	0.00	0.00	0.00	CO-253	0.75	
					REM: N390						CO-234	25.00	0.00
1013940584	0515	051525	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-45	13.78	15.90
1013940584	0515	051525	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-253	0.32	
					REM: M25 N362						CO-119	29.45	0.00
1013940584	0515	051525	11	1	G8510		0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	G8417		0.00	0.00	0.00	0.00			0.00
1013940584	0515	051525	11	1	G9621		0.00	0.00	0.00	0.00			0.00
					REM: N620								
PT RESP	350.41				CLAIM TOTALS		945.55	202.52	0.00	9.41		746.89	189.25
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	189.25
STATUS CODE 1: Processed as Primary													
NAME STITZEL, JOHN M					HIC 6XH7CJ9HP46	ACNT	6549LMD642		ICN 1825142692960	ASG Y	MOA MA01		
1306898036	0521	052125	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
											CO-253	0.18	
PT RESP	0.00				CLAIM TOTALS		20.00	9.09	0.00	0.00		11.09	8.91
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	8.91
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				
	6	2092.65	768.27	0.00	114.56	1337.43	640.66	0.00	640.66				

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-119 Benefit maximum for this time period or occurrence has been reached.

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.

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.

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.

N20 Service not payable with other service rendered on the same date.

N362 The number of Days or Units of Service exceeds our acceptable maximum.

N390 This service / report cannot be billed separately.

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-2 Coinsurance Amount

PR-96 Non-covered charge(s).

