

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: 2025-05-07
EFT #: 899169007
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD	
NAME DODBIBA, ILIR V			HIC 1NY9V01TA10		ACNT	5934LMD642	ICN 1825113498840		ASG Y	MOA	MA01	MA07	MA15	
1013940584	0418	041825	11	1	99215	25	295.00	169.85	169.85	0.00	CO-45	125.15	0.00	
REM: N781														
1013940584	0418	041825	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00	
REM: N20														
1013940584	0418	041825	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91	
											CO-253	0.18		
1013940584	0418	041825	11	1	G8510		0.00	0.00	0.00	0.00			0.00	
REM: N620														
1013940584	0418	041825	11	1	G8420		0.00	0.00	0.00	0.00			0.00	
REM: N620														
1013940584	0418	041825	11	1	2000F		0.00	0.00	0.00	0.00			0.00	
REM: N620														
PT RESP		169.85	CLAIM TOTALS				340.00	178.94	169.85	0.00		161.24	8.91	
ADJ TO TOTAL: PREV PD							INTEREST		0.00	LATE FILING CHARGE		0.00	NET	8.91
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS														

NAME DODBIBA, ZANA			HIC 4TF8WD7KU10		ACNT	5935LMD642	ICN 1825113498880		ASG Y	MOA	MA01	MA07	MA15	
1013940584	0418	041825	11	1	99215	25	339.70	169.85	169.85	0.00	CO-45	169.85	0.00	
1013940584	0418	041825	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00	
REM: N20														
1013940584	0418	041825	11	1	93000		71.00	13.33	13.33	0.00	CO-45	57.67	0.00	
1013940584	0418	041825	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91	
											CO-253	0.18		
1013940584	0418	041825	11	1	G8510		0.00	0.00	0.00	0.00			0.00	
REM: N620														
1013940584	0418	041825	11	1	G8427		0.00	0.00	0.00	0.00			0.00	
REM: N620														
1013940584	0418	041825	11	1	G8476		0.00	0.00	0.00	0.00			0.00	
REM: N620														
1013940584	0418	041825	11	1	G8420		0.00	0.00	0.00	0.00			0.00	
REM: N620														
1013940584	0418	041825	11	1	2000F		0.00	0.00	0.00	0.00			0.00	
REM: N620														
PT RESP		183.18	CLAIM TOTALS				455.70	192.27	183.18	0.00		263.61	8.91	
ADJ TO TOTAL: PREV PD							INTEREST		0.00	LATE FILING CHARGE		0.00	NET	8.91
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS														

NAME DYKSTRA, MARY L			HIC 1WV7CN6XR77		ACNT	5981LMD642	ICN 1825113685560		ASG Y	MOA	MA01	MA18	MA15	
1013940584	0422	042225	11	1	99214	25	219.00	120.84	52.84	13.60	CO-45	98.16	53.31	
											CO-253	1.09		
1013940584	0422	042225	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00	
REM: N20														
1013940584	0422	042225	11	1	2000F		0.00	0.00	0.00	0.00			0.00	
REM: N620														
PT RESP		66.44	CLAIM TOTALS				244.00	120.84	52.84	13.60		124.25	53.31	
ADJ TO TOTAL: PREV PD							INTEREST		0.00	LATE FILING CHARGE		0.00	NET	53.31
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: MUTUAL OF OMAHA														



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	WEAVER, REBECCA L					HIC 3G58QM6DM63	ACNT 5967LMD642					ICN 1825113685510	ASG Y	MOA MA01 MA18 MA15
1306898036	0421	042125	11	1	99214	25		219.00	120.84	0.00	24.17	CO-45	98.16	94.74
1306898036	0421	042125	11	1	G2211			25.00	15.26	0.00	3.05	CO-253	1.93	
1306898036	0421	042125	11	1	G0446	XU		65.00	30.94	0.00	0.00	CO-45	9.74	11.97
1306898036	0421	042125	11	1	82043	QW		14.70	5.78	0.00	0.00	CO-253	0.24	
1306898036	0421	042125	11	1	82570	QW		17.85	5.18	0.00	0.00	CO-45	34.06	30.32
1306898036	0421	042125	11	1	2000F			0.00	0.00	0.00	0.00	CO-253	0.62	
PT RESP	27.22						REM: N620							
ADJ TO TOTAL: PREV PD						CLAIM TOTALS		341.55	178.00	0.00	27.22		166.56	147.77
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	147.77
CLAIM INFORMATION FORWARDED TO: CHAMPVA-VA HEALTH ADMIN CTR														

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	4	1381.25	670.05	405.87	40.82	715.66	218.90	0.00	218.90

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.

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.

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

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

N781 Alert: No deductible may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected deductible.

PR-1 Deductible Amount

PR-2 Coinsurance Amount