

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: 2025-03-21  
EFT #: 899030762  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DEKLEINE, JOHN C			HIC 4Q52PV4CY22		ACNT	5129LMD642	ICN 1825066633780		ASG Y	MOA	MA01	MA15
1013940584	0306	030625	11	1	99214	25	219.00	120.84	120.84	0.00	CO-45	98.16 0.00
1013940584	0306	030625	11	1	G2211		25.00	15.26	15.26	0.00	CO-45	9.74 0.00
1013940584	0306	030625	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92 5.66
											CO-253	0.12
1013940584	0306	030625	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67 5.08
											CO-253	0.10
1013940584	0306	030625	11	1	G8510		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0306	030625	11	1	G0444	XU	29.45	16.22	0.00	0.00	CO-45	13.23 15.90
											CO-253	0.32
1013940584	0306	030625	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP	136.10				CLAIM TOTALS		306.00	163.28	136.10	0.00		143.26 26.64
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 26.64
STATUS CODE 1: Processed as Primary												

NAME STANHOPE, GEORGE A	HIC 3P65RM9DJ52	ACNT	5141LMD642	ICN 1825066633810	ASG Y	MOA	MA01	MA18	MA15
1013940584 0306 030625 11	1 99215 25		295.00 169.85	99.78 14.01	CO-45	125.15		54.94	
					CO-253	1.12			
1013940584 0306 030625 11	1 G2211		25.00 0.00	0.00 0.00	CO-234	25.00		0.00	
	REM: N20								
1013940584 0306 030625 11	1 93000		71.00 13.33	0.00 2.67	CO-45	57.67		10.45	
					CO-253	0.21			
1013940584 0306 030625 11	1 2000F		0.00 0.00	0.00 0.00				0.00	
	REM: N620								
PT RESP 116.46	CLAIM TOTALS		391.00 183.18	99.78 16.68		209.15		65.39	
ADJ TO TOTAL: PREV PD	INTEREST		0.00	LATE FILING CHARGE	0.00	NET		65.39	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)									
CLAIM INFORMATION FORWARDED TO: HIGHMARK INC									

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	697.00	346.46	235.88	16.68	352.41	92.03	0.00	92.03

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.  
N20 Service not payable with other service rendered on the same date.  
N620 Alert: This procedure code is for quality reporting / informational purposes only.  
PR-1 Deductible Amount  
PR-2 Coinsurance Amount

