

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: 2025-05-02
NONPAY #: 393554252
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME ADAMS, DOROTHY L			HIC 3NX6U05GH63		ACNT 5642LMD642		ICN 1825115731162		ASG Y		MOA MA15	
1013940584	0214	021425	11	1	3044F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0214	021425	11	1	3075F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0214	021425	11	1	3078F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0214	021425	11	1	1158F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0214	021425	11	1	2028F		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	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	0.00
STATUS CODE 1: Processed as Primary												

NAME HARSHMAN, HAROLD M			HIC 3J70PW1JG31		ACNT 6046LMD642		ICN 1825119687170		ASG Y		MOA MA01 MA18	
1306898036	0421	042125	11	1	G0180		99.42	0.00	0.00	0.00	CO-13	99.42
PT RESP	0.00				CLAIM TOTALS		99.42	0.00	0.00	0.00	99.42	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE		0.00	0.00
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: LOYAL AMERICAN LIFE INSURANCE CO												

NAME HILLEN, MARY M			HIC 1MC2QV8MH96		ACNT 5719LMD642		ICN 1825115731202		ASG Y		MOA MA15	
1013940584	0408	040825	11	1	1158F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0408	040825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0408	040825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0408	040825	11	1	3061F		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	0.00
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
	3	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-13 The date of death precedes the date of service.
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.
MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.
N517 Resubmit a new claim with the requested information.

