

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: 2025-08-06  
EFT #: 899429245  
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	7593LMD642		ICN	1825204494870	ASG Y	MOA	MA01	MA18	MA15
1013940584	0722	072225	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15	119.41		
											CO-253	2.44			
1013940584	0722	072225	11	1	99497	33	155.32	77.66	0.00	0.00	CO-45	77.66	76.11		
											CO-253	1.55			
1013940584	0722	072225	11	1	99214	25	219.00	120.84	0.00	24.17	CO-45	98.16	94.74		
											CO-253	1.93			
1013940584	0722	072225	11	1	83036	QW	60.90	9.71	0.00	0.00	CO-45	51.19	9.52		
											CO-253	0.19			
1013940584	0722	072225	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-45	47.60	17.05		
											CO-253	0.35			
1013940584	0722	072225	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-45	13.78	15.90		
											CO-253	0.32			
1013940584	0722	072225	11	1	G0444	XU	29.45	16.22	0.00	0.00	CO-45	13.23	15.90		
											CO-253	0.32			
PT RESP	24.17				CLAIM TOTALS		920.67	379.90	0.00	24.17		547.87	348.63		
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	348.63		
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)															
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI															

NAME SELDERS, JOHN F					HIC 4XY4A12HY87	ACNT 7514LMD642			ICN 1825204494770	ASG Y	MOA	MA01	MA18	MA15
1306898036	0718	071825	11	1	99214	25	219.00	120.84	0.00	24.17	CO-45	98.16	94.74	
											CO-253	1.93		
1306898036	0718	071825	11	1	83036	QW	60.90	9.71	0.00	0.00	CO-45	51.19	9.52	
											CO-253	0.19		
PT RESP	24.17				CLAIM TOTALS		279.90	130.55	0.00	24.17		151.47	104.26	
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	104.26	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI														

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	2	1200.57	510.45	0.00	48.34	699.34	452.89	0.00	452.89

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES  
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.  
PR-2 Coinsurance Amount

