WPS GHA - MAC J8 MI PART B [] P.O. BOX 8939 MADISON, WI 53708 (866)234-7331

TIMOTHY J. TOBOLIC, MD, PLLC 7740 BYRON CENTER AVE SW STE 202 BYRON CENTER, MI 493156929 NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-03-21
NONPAY #: 393462870
TAX ID #: 272620668

REND PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT		PROV PD
NAME KLING	E, MAR	JORIE 2	A	HIC	2VU0G	G7DG19	ACNT 5323LMD64		ICN	182507766215	2 ASG Y	MOA	MA15
1306898036	0317	031725	11	1	3008F		0.00	0.00	0.00	0.00			0.00
				_		REM: N5	17 MA130						
1306898036	0317	031725	11	1	2001F	DEM. ME	0.00 17 MA130	0.00	0.00	0.00			0.00
1306898036	0317	031725	11	1	1000F	KEM: No	0.00	0.00	0.00	0.00			0.00
1300030030	0017	051,15		_	10001	REM: N5	17 MA130	0.00	0.00	0.00			0.00
1306898036	0317	031725	11	1	1159F		0.00	0.00	0.00	0.00			0.00
						REM: N5	17 MA130						
1306898036	0317	031725	11	1	1160F		0.00	0.00	0.00	0.00			0.00
				_		REM: N5	17 MA130						
1306898036	0317	031725	11	1	3075F	DE14 115	0.00	0.00	0.00	0.00			0.00
1306898036	0217	021725	11	1	3078F	REM: N5	17 MA130 0.00	0.00	0.00	0.00			0.00
1300030030	0317	031/23	11		30761	DEM: NE	17 MA130	0.00	0.00	0.00			0.00
PT RESP	0.0	0			CLAIM		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOT						INTERE				CHARGE	0.00	NET	0.00
STATUS COD	E 1: P	rocess	ed as	s Pri	mary								
NAME SELDE						12HY87	ACNT 5404LMD64			182507971237	2 ASG Y	MOA	MA15
1306898036	0320	032025	TT	1	3046F	DEM. ME	0.00	0.00	0.00	0.00			0.00
PT RESP	0.0	0			CLAIM		0.00 0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOT					СПИТИ	INTERE				CHARGE	0.00	NET	0.00
STATUS COD			ed as	s Pri	mary								
NAME SNYDE	-					A5PC68	ACNT 5389LMD64			182507971236	2 ASG Y	MOA	MA15
1306898036	0319	031925	11	1	3074F		0.00	0.00	0.00	0.00			0.00
1306898036	0210	021025	11	1	3078F	REM: N5	17 MA130 0.00	0.00	0.00	0.00			0.00
1300030030	0319	031925	TT	1	30/0F	рем• мя	17 MA130	0.00	0.00	0.00			0.00
PT RESP	0.0	0			CLAIM		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOT						INTERE				CHARGE	0.00	NET	0.00
STATUS COD			ed as	s Pri	mary								
NAME SOTTO	•						ACNT 4882LMD64			182507369791			MA15
1306898036	0219	021925	11	1	99406		27.06	0.00	0.00	0.00	CO-16	27.06	0.00
1306898036	0210	021025	11	1	3074F	REM: M2	0.00 MA130	0.00	0.00	0.00			0.00
1300030030	0219	021925	TT	1	30/4F	рем• мя	17 MA130	0.00	0.00	0.00			0.00
1306898036	0219	021925	11	1	3078F	Marie No.	0.00	0.00	0.00	0.00			0.00
,				_		REM: N5	17 MA130						2.700
PT RESP	0.0	0			CLAIM	TOTALS	27.06	0.00	0.00	0.00		27.06	0.00
ADJ TO TOT						INTERE	ST 0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS COD	E 1: P	rocess	ed as	s Pri	mary								



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393462870

NONPAY #:

TIMOTHY J. TOBOLIC, MD, PLLC PAGE #: 2 of 2

			ALLC			AMT		AMT			AMT
	# OF B				DEDUCT	COINS	TOTAL	PROV PD	PRO	777	CHECK
STATUS COD	E 1: Process	ed as	s Primarv								
ADJ TO TOT	AL: PREV PD		3	INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	
PT RESP	0.00		CLAIM	TOTALS	0.00	0.00	0.00	0.00		0.00	0.00
1300036036	031/ 031/23				7 MA130	0.00	0.00	0.00			0.00
1306898036	0317 031725	11			0.00	0.00	0.00	0.00			0.00
1306898036	0317 031725	TT	1 3074F		0.00 7 MA130	0.00	0.00	0.00			0.00
	•				CNT 5317LMD64			L82507766211	2 ASG Y	MOA	MA15
	E 1: Process										
ADJ TO TOT	AL: PREV PD			INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
PT RESP	0.00		CLAIM	TOTALS	0.00	0.00	0.00	0.00			0.00
				REM: N517	7 MA130						
1306898036	0317 031725	11	1 1160F		0.00	0.00	0.00	0.00			0.00
		_			7 MA130						
1306898036	0317 031725	11	1 1159F	REM: NOI		0.00	0.00	0.00			0.00
1306898036	0317 031725	ΤŢ	T T000F	DEM: N51	0.00 7 MA130	0.00	0.00	0.00			0.00
1206000626	0215 021505		1 1000-		7 MA130	0.00	0.00	0.00			0.00
1306898036	0317 031725	11	1 2001F		0.00	0.00	0.00	0.00			0.00
				REM: N517	7 MA130						
1306898036	0317 031725	11	1 3008F	KEM. NOI		0.00	0.00	0.00			0.00
1306898036	0317 031725	TT	1 30/4F	DEM: N51	0.00 7 MA130	0.00	0.00	0.00			0.00
1206000026	0215 021505		1 20545		7 MA130	0.00	0 00	0.00			0.00
1306898036	0317 031725	11	1 3078F			0.00	0.00	0.00			0.00
NAME STITZ	EL, JOHN M		HIC 6XH7C	J9HP46 AC	NT 5321LMD64	12	ICN 1	L82507766214	2 ASG Y	MOA	MA15
REND PROV								COINS	,		

27.06

GLOSSARY: GROUP, REASON, MOA, REMARK AND REASON CODES
CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for

0.00

27.06

0.00

0.00

0.00

M20 Missing / incomplete / invalid HCPCS.

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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.

Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the MA15 other services reported.

Resubmit a new claim with the requested information. N517

0.00



REMITTANCE

DATE: 2025-03-21

ADVICE

0.00