

WPS GH A - MAC J8 MI PART B []  
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REMITTANCE  
ADVICE

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7740 BYRON CENTER AVE SW  
STE 202  
BYRON CENTER, MI 493156929

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-08-27  
EFT #: 899491350  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	DAMVELD, SANDRA K				HIC 1QN5EW8NQ51	ACNT 6205LMD642				ICN 1825225652500	ASG Y	MOA MA01 MA18 MA15
1013940584	0506	050625	11	1	99214 25		241.68	120.84	0.00	24.17	CO-45	120.84 94.74
1013940584	0506	050625	11	1	90746		144.00	70.38	0.00	0.00	CO-253	1.93
1013940584	0506	050625	11	1	90471		41.00	0.00	0.00	0.00	CO-45	73.62 68.97
											CO-253	1.41
											PR-96	41.00 0.00
					REM: N115							
					HCPI: L34596	A56900						
1013940584	0506	050625	11	1	G8417		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0506	050625	11	1	2000F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	65.17				CLAIM TOTALS		426.68	191.22	0.00	24.17		238.80 163.71
ADJ TO TOTAL: PREV PD					INTEREST		0.00					0.00 NET 163.71
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: MUTUAL OF OMAHA												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	426.68	191.22	0.00	24.17	238.80	163.71	0.00	163.71

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.
N115	This decision was based on a Local Coverage Determination (LCD). An LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at <a href="http://www.cms.gov/mcd">www.cms.gov/mcd</a> , or if you do not have web access, you may contact the contractor to request a copy of the LCD.
N620	Alert: This procedure code is for quality reporting/informational purposes only.
PR-2	Coinurance Amount
PR-96	Non-covered charge(s).

