PROV PD

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

REND PROV SERV DATE POS NOS PROC MODS

NPI #: 1982923660
PAGE #: 1 of 4
DATE: 2025-07-09
EFT #: 899347372
TAX ID #: 272620668

COINS GRP/RC-AMT

REND PROV	DEKV	DATE	POS	MOD	PROC	: MOL	,5	BILLED	ALLOWED	DEDUCI	COINS	GRP/RC-AN	11	PROV PD
NAME BEMKE,							ACNT	7043LMD64			825176727			MA01 MA18 MA1
1013940584	0609	060925	11	1	99214	25		219.00	120.84	0.00	24.17	CO-45 CO-253	98.16 1.93	94.74
1013940584	0609	060925	11	1	G2211			25.00	15.26	0.00	3.05	CO-45 CO-253	9.74 0.24	11.97
1013940584	0609	060925	11	1	G0446	XU		65.00	30.94	0.00	0.00	CO-45 CO-253	34.06 0.62	30.32
1013940584	0609	060925	11	1	71046			68.20	30.57	0.00	6.11	CO-45 CO-253	37.63 0.49	23.97
1013940584	0609	060925	11	1	2000F	REM:	N620	0.00	0.00	0.00	0.00	00 255	0.13	0.00
PT RESP ADJ TO TOTA STATUS CODE	19:	REV PD Proces			rimary	TOTALS INTE	REST rded to		al Payer(0.00 FILING s)	33.33 CHARGE	0.00	182.87 NET	161.00 161.00
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI														
NAME COOLEY	-						ACNT	7055LMD64			825176727			MA01 MA18 MA1
1306898036	0618	061825	11		G0136	33		65.00	17.40	0.00	0.00	CO-45 CO-253	47.60 0.35	17.05
1306898036	0618	061825	11	1	G0439			361.00	121.85	0.00	0.00	CO-45 CO-253	239.15	119.41
1306898036	0618	061825	11	1	99497	33		132.00	77.66	0.00	0.00	CO-45 CO-253	54.34 1.55	76.11
1306898036	0618	061825	11	1	99214	25		241.68	120.84	0.00	24.17	CO-45 CO-253	120.84	94.74
1306898036	0618	061825	11	1	36415			20.00	9.09	0.00	0.00	CO-45 CO-253	10.91	8.91
1306898036	0618	061825	11	1	G2211			25.00	15.26	0.00	3.05	CO-45 CO-253	9.74 0.24	11.97
1306898036	0618	061825	11	1	82043	QW		14.70	5.78	0.00	0.00	CO-45 CO-253	8.92 0.12	5.66
1306898036	0618	061825	11	1	82570	QW		17.85	5.18	0.00	0.00	CO-45 CO-253	12.67	5.08
1306898036	0618	061825	11	1	G0444	XU		91.00	16.22	0.00	0.00	CO-45 CO-253	74.78 0.32	15.90
1306898036	0618	061825	11	1	G0442	XU		43.00	16.22	0.00	0.00	CO-45 CO-253	26.78 0.32	15.90
1306898036	0618	061825	11	1	G0446	XU		65.00	30.94	0.00	0.00	CO-45 CO-253	34.06 0.62	30.32
1306898036	0618	061825	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45 CO-253	34.06 0.62	30.32
1306898036	0618	061825	11	1	G0557			94.10	47.05	0.00	9.41	CO-45 CO-253	47.05 0.75	36.89
1306898036	0618	061825	11	1	G8476	REM:	N620	0.00	0.00	0.00	0.00			0.00
1306898036	0618	061825	11	1	0513F	REM:	N620	0.00	0.00	0.00	0.00			0.00
1306898036	0618	061825	11	1	G9622	REM:	N620	0.00	0.00	0.00	0.00			0.00
1306898036	0618	061825	11	1	G8510	REM:	N620	0.00	0.00	0.00	0.00			0.00
1306898036	0618	061825	11	1	G8427	REM:	N620	0.00	0.00	0.00	0.00			0.00
1306898036	0618	061825	11	1	1036F	REM:	N620	0.00	0.00	0.00	0.00			0.00
1306898036	0618	061825	11	1	2000F	REM:	N620	0.00	0.00	0.00	0.00			0.00
PT RESP ADJ TO TOTA STATUS CODE CLAIM INFOR	19:	REV PD Proces			rimary	Forwa	REST rded to	1235.33 0.00 and Addition		0.00 FILING s)	36.63 CHARGE	0.00	730.44 NET	468.26 468.26

BILLED

ALLOWED DEDUCT



WPS GHA - MAC J8 MI PART B NPI #: 1982923660

ADJ TO TOTAL: PREV PD

EFT #:

1982923660 TIMOTHY J. TOBOLIC, MD, PLLC

INTEREST

STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)

CLAIM INFORMATION FORWARDED TO: MUTUAL OF OMAHA

899347372 PAGE #: 2 of 4

REND PROV SERV DATE POS NOS PROC MODS BILLED ALLOWED DEDUCT COINS GRP/RC-AMT PROV PD NAME CRISHER, SCOTT A HIC 4V07PP0UE72 ACNT 7025LMD642 ICN 1825176727290 ASG Y MOA MA01 MA15 1013940584 0617 061725 11 121.85 239.15 1 G0439 361.00 0.00 CO-45 119.41 0.00 CO-253 2.44 1013940584 0617 061725 11 1 99497 25 77.66 155.32 77.66 77.66 0.00 CO-45 0.00 1013940584 0617 061725 11 1 G2211 25.00 0.00 0.00 0.00 CO-234 25.00 0.00 **REM: N390** 1013940584 0617 061725 11 1 99490 116.98 58.49 58.49 0.00 CO-45 58.49 0.00 1013940584 0617 061725 11 CO-45 47.60 1 G0136 33 65.00 17.40 0.00 0.00 17.05 CO-253 0.35 1013940584 0617 061725 11 1 83036 QW 60.90 9.71 0.00 0.00 CO-45 51.19 9.52 CO-253 0.19 1013940584 0617 061725 11 1 G0444 XU 29.45 16.22 0.00 0.00 CO-45 13.23 15.90 CO-253 0.32 1013940584 0617 061725 11 16.22 0.00 CO-45 1 G0442 XII 30.00 0.00 13.78 15.90 CO-253 0.32 1013940584 0617 061725 11 1 G0446 XU 61.88 30.94 0.00 0.00 CO-45 30.94 30.32 CO-253 0.62 1013940584 0617 061725 11 0.00 0.00 0.00 0.00 1 G9622 0.00 REM: N620 1013940584 0617 061725 11 1 1036F 0.00 0.00 0.00 0.00 0.00 REM: N620 1013940584 0617 061725 11 1 G8510 0.00 0.00 0.00 0.00 0.00 REM: N620 1013940584 0617 061725 11 1 G9622 0.00 0.00 0.00 0.00 0.00 REM: N620 1013940584 0617 061725 11 1 1124F 0.00 0.00 0.00 0.00 0.00 **REM: N620** PT RESP 136.15 CLAIM TOTALS 905.53 348.49 136.15 0.00 561.28 208.10 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 208,10 STATUS CODE 1: Processed as Primary HIC 1KC7DA0RX68 ACNT 7066LMD642 TCN 1825176727300 MOA MAO1 MA18 MA15 NAME DYKSTRA, MICHAEL ASG Y 1013940584 0619 061925 11 1 99397 25 341.00 0.00 0.00 0.00 PR-96 341.00 0.00 **REM: N130** 1013940584 0619 061925 11 1 81003 33.60 0.00 0.00 0.00 CO-B7 33,60 0.00 REM: N570 1 G2211 25.00 0.00 0.00 CO-234 25.00 0.00 1013940584 0619 061925 11 0.00 **REM: N390** 1013940584 0619 061925 11 1 G0136 33 34.80 0.00 0.00 CO-16 34.80 0.00 0.00 REM: M51 1013940584 0619 061925 11 1 36415 20.00 9.09 0.00 0.00 CO-45 10.91 8.91 CO-253 0.18 1013940584 0619 061925 11 1 G0442 XU 30.00 16.22 0.00 0.00 CO-45 13.78 15.90 CO-253 0.32 1013940584 0619 061925 11 1 G0444 XU 29.45 16.22 0.00 0.00 CO-45 13.23 15.90 CO-253 0.32 0.00 1013940584 0619 061925 11 1 0513F 0.00 0.00 0.00 0.00 **REM: N620** 1013940584 0619 061925 11 1 G9622 0.00 0.00 0.00 0.00 0.00 REM: N620 1013940584 0619 061925 11 1 1036F 0.00 0.00 0.00 0.00 0.00 REM: N620 PT RESP 341.00 CLAIM TOTALS 513.85 41.53 0.00 0.00 473.14 40.71

0.00

LATE FILING CHARGE



REMITTANCE

DATE: 2025-07-09

ADVICE

0.00

NET

40.71

WPS GHA - MAC J8 MI PART B
NPI #: 1982923660 TIMOTHY J. TOBOLIC, MD, PLLC

CLAIM INFORMATION FORWARDED TO: LOYAL AMERICAN LIFE INSURANCE CO

PAGE #: 3 of 4

EFT #:

899347372

REND PROV SERV DATE POS NOS PROC MODS BILLED ALLOWED DEDUCT COINS GRP/RC-AMT PROV PD NAME LABEAN, MARK W HIC 6YF1XK7FE06 ACNT 6907LMD642 ICN 1825176727340 ASG Y MOA MA01 MA15 1013940584 0611 061125 11 361.00 155.30 0.00 CO-45 205.70 1 G0402 152.19 0.00 CO-253 3.11 1013940584 0611 061125 11 327.00 0.00 0.00 327.00 1 99396 25 0.00 PR-96 0.00 **REM: N130** 1013940584 0611 061125 11 1 G2211 25.00 0.00 0.00 0.00 CO-234 25.00 0.00 **REM: N390** 1013940584 0611 061125 11 1 82043 QW 14.70 5.78 0.00 0.00 CO-45 8.92 5.66 CO-253 0.12 1013940584 0611 061125 11 1 82570 QW 17.85 5.18 0.00 0.00 CO-45 12.67 5.08 CO-253 0.10 34.80 1013940584 0611 061125 11 1 G0136 33 34.80 0.00 0.00 0.00 CO-16 0.00 REM: M51 1013940584 0611 061125 11 10.91 1 36415 20.00 9.09 0.00 0.00 CO-45 8.91 CO-253 0.18 1013940584 0611 061125 11 1 G0442 XU 30.00 16.22 0.00 0.00 CO-45 13.78 15.90 CO-253 0.32 1013940584 0611 061125 11 1 G0444 XU 29.45 0.00 0.00 0.00 0.00 CO-236 29.45 1013940584 0611 061125 11 1 G9622 0.00 0.00 0.00 0.00 0.00 REM: N620 1013940584 0611 061125 11 1 G8431 0.00 0.00 0.00 0.00 0.00 REM: N620 1013940584 0611 061125 11 1 G8417 0.00 0.00 0.00 0.00 0.00 REM: N620 1013940584 0611 061125 11 1 G8510 0.00 0.00 0.00 0.00 0.00 **REM: N620** PT RESP 327.00 CLAIM TOTALS 859.80 191.57 0.00 0.00 672.06 187.74 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 187.74 STATUS CODE 1: Processed as Primary HIC 3NP5Y12F052 ACNT 7073LMD642 ICN 1825176727310 MOA MA01 MA18 MA15 NAME MAJOR, JOHN L ASG Y 1013940584 0618 061825 11 1 99214 25 120.84 219.00 112.69 1.63 CO-45 98.16 6.39 CO-253 0.13 1013940584 0618 061825 11 1 36415 20.00 9.09 0.00 0.00 CO-45 10.91 8.91 CO-253 0.18 1013940584 0618 061825 11 1 G0446 XU 65.00 30.94 0.00 0.00 CO-45 34.06 30.32 CO-253 0.62 1013940584 0618 061825 11 1 G0447 XU 65.00 30.94 0.00 0.00 CO-45 34.06 30.32 CO-253 0.62 1013940584 0618 061825 11 1 99401 25 65.00 0.00 0.00 0.00 65.00 0.00 PR-96 **REM: N130** 1013940584 0618 061825 11 1 2000F 0.00 0.00 0.00 0.00 0.00 REM: N620 PT RESP 179.32 CLAIM TOTALS 434.00 191.81 112.69 1 63 243.74 75.94 ADJ TO TOTAL: PREV PD INTEREST 0.00 LATE FILING CHARGE 0.00 NET 75.94 STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)



REMITTANCE

DATE: 2025-07-09

ADVICE

WPS GHA - MAC J8 MI PART B

NPI #: 1982923660

TIMOTHY J. TOBOLIC, MD, PLLC

EFT #: 899347372 PAGE #: 4 of 4

REND PROV SERV DATE POS NOS PROC MODS BILLED ALLOWED DEDUCT COINS GRP/RC-AMT PROV PD NAME SNYDER, JAMES J HIC 3W54EH7RF60 ACNT 7040LMD642 TCN 1825176727330 ASG Y MOA MA01 MA18 MA15 1306898036 0618 061825 11 1 G0439 361.00 121.85 0.00 239.15 0.00 CO-45 119.41 CO-253 2.44 1306898036 0618 061825 11 1 99497 25 132.00 0.00 60.89 77.66 15.53 CO-45 54.34 CO-253 1.24 1306898036 0618 061825 11 1 99397 341.00 0.00 0.00 0.00 PR-96 341.00 0.00 **REM: N130** 1306898036 0618 061825 11 17.40 0.00 0.00 CO-45 47.60 17.05 1 G0136 33 65.00 CO-253 0.35 1306898036 0618 061825 11 1 G0446 XU 65.00 30.94 0.00 0.00 CO-45 34.06 30.32 CO-253 0.62 1306898036 0618 061825 11 1 G0442 XU 43.00 16.22 0.00 0.00 CO-45 26.78 15.90 CO-253 0.32 1306898036 0618 061825 11 1 G0557 94.10 47.05 0.00 9.41 CO-45 47.05 36.89 CO-253 0.75 1306898036 0618 061825 11 1 G2211 25.00 0.00 0.00 0.00 CO-B13 25.00 0.00 1306898036 0618 061825 11 1 G0444 XU 91.00 16.22 0.00 0.00 CO-45 74.78 15.90 CO-253 0.32 1306898036 0618 061825 11 1 G2211 25.00 0.00 0.00 0.00 CO-234 25.00 0.00 REM: N390 1306898036 0618 061825 11 1 36415 20.00 9.09 0.00 0.00 CO-45 10.91 8.91 CO-253 0.18 1306898036 0618 061825 11 0.00 0.00 1 G8510 0.00 0.00 0.00 REM: N620 1306898036 0618 061825 11 1 G8476 0.00 0.00 0.00 0.00 0.00 REM: N620 1306898036 0618 061825 11 1 G8417 0.00 0.00 0.00 0.00 0.00 **REM: N620** 1306898036 0618 061825 11 1 G9622 0.00 0.00 0.00 0.00 0.00 **REM: N620** 1306898036 0618 061825 11 1 G8427 0.00 0.00 0.00 0.00 0.00 REM: N620 1306898036 0618 061825 11 1 1036F 0.00 0.00 0.00 0.00 0.00 **REM: N620** 1306898036 0618 061825 11 1 2000F 0.00 0.00 0.00 0.00 0.00 **REM: N620**

STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)

CLAIM TOTALS

CLAIM INFORMATION FORWARDED TO: HUMANA INC.

365.94

ADJ TO TOTAL: PREV PD

PT RESP

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	7	5587.81	1821.87	248.84	96.53	3795.42	1447.02	0.00	1447.02

0.00

336.43

0.00

LATE FILING CHARGE

24.94

GLOSSARY: GROUP, REASON, MOA, REMARK AND REASON CODES

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

1262.10

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

INTEREST

CO-236 This procedure or procedure / modifier combination is not compatible with another procedure or procedure / modifier combination provided on the same day according to the National Correct Coding Initiative.

CO-253 Sequestration - reduction in federal spending

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.
CO-B7 This provider was not certified / eligible to be paid for this procedure / service on this date of

M51 Missing / incomplete / invalid procedure code(s).

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.

N130 Consult plan benefit documents / guidelines for information about restrictions for this service.
N390 This service / report cannot be billed separately.

N570 Missing / incomplete / invalid credentialing data

N620 Alert: This procedure code is for quality reporting / informational purposes only.

PR-1 Deductible Amount

PR-2 Coinsurance Amount

PR-96 Non-covered charge(s).



REMITTANCE

DATE: 2025-07-09

ADVICE

931.89

NET

0.00

305.27

305.27