

WPS GHA - MAC J8 MI PART B []  
P.O. BOX 8939  
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(866)234-7331  
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REMITTANCE  
ADVISE

TIMOTHY J. TOBOLIC, MD, PLLC  
7740 BYRON CENTER AVE SW  
STE 202  
BYRON CENTER, MI 493156929

NPI #: 1982923660  
PAGE #: 1 of 2  
DATE: 2025-04-02  
NONPAY #: 393488962  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME SOTTOVIA, STEVEN T					HIC 6JQ6W19MC62	ACNT 4882LMD642				ICN 1825084280010	ASG Y	MOA MA01 MA15
1306898036	0219	021925	11	1	G0439		361.00	0.00	0.00	0.00	PR-26	361.00 0.00
					REM: N130							
1306898036	0219	021925	11	1	99214	25	241.68	0.00	0.00	0.00	CO-B13	241.68 0.00
1306898036	0219	021925	11	1	99396	25	327.00	0.00	0.00	0.00	PR-96	327.00 0.00
					REM: N130							
1306898036	0219	021925	11	1	99497	33	132.00	0.00	0.00	0.00	CO-236	132.00 0.00
1306898036	0219	021925	11	1	36415		20.00	0.00	0.00	0.00	CO-B13	20.00 0.00
1306898036	0219	021925	11	1	G2211		25.00	0.00	0.00	0.00	CO-B13	25.00 0.00
1306898036	0219	021925	11	1	G0442	XU	30.00	0.00	0.00	0.00	CO-151	30.00 0.00
					REM: MA01							
1306898036	0219	021925	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-151	29.45 0.00
					REM: MA01							
1306898036	0219	021925	11	1	90715		87.00	0.00	0.00	0.00	PR-96	87.00 0.00
					REM: N115							
1306898036	0219	021925	11	1	90471	HCPI: L34596 A56900	41.00	0.00	0.00	0.00	PR-96	41.00 0.00
					REM: N115							
1306898036	0219	021925	11	1	G9622	HCPI: L34596 A56900	0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0219	021925	11	1	G8510		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	816.00				CLAIM TOTALS		1294.13	0.00	0.00	0.00		1294.13 0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 1: Processed as Primary												
NAME VANDERVEEN, ROBERT E					HIC 8QJ1AT0PJ23	ACNT 5543LMD642				ICN 1825087650422	ASG Y	MOA MA15
1306898036	0328	032825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1306898036	0328	032825	11	1	3078F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1306898036	0328	032825	11	1	3074F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1306898036	0328	032825	11	1	3078F		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
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	0.00
STATUS CODE 1: Processed as Primary												
NAME WEAVER, REBECCA L					HIC 3G58QM6DM63	ACNT 5416LMD642				ICN 1825087650330	ASG Y	MOA MA01
1306898036	0312	031225	11	1	G0180		99.42	0.00	0.00	0.00	CO-16	99.42 0.00
					REM: N320							
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 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	1393.55	0.00	0.00	0.00	1393.55	0.00	0.00	0.00			

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

CO-151 Payment adjusted because the payer deems the information submitted does not support this many services.  
CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.  
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-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.  
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



WPS GH A - MAC J8 MI PART B

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

N115 This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD). An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd>, or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.

N130 Consult plan benefit documents / guidelines for information about restrictions for this service.

N320 Missing / incomplete / invalid Home Health Certification Period.

N517 Resubmit a new claim with the requested information.

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

PR-26 Expenses incurred prior to coverage.

PR-96 Non-covered charge(s).

