

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: 2025-04-30
NONPAY #: 393547925
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BRAUN, LORI A			HIC 2AE1JT9YW00		ACNT 5766LMD642		ICN 1825100645480	ASG Y	MOA MA01	MA15		
1013940584	0409	040925	11	1	G0439		361.00	0.00	0.00	0.00	CO-24	361.00 0.00
1013940584	0409	040925	11	1	G0136 33		34.80	0.00	0.00	0.00	CO-24	34.80 0.00
1013940584	0409	040925	11	1	99214 25		219.00	0.00	0.00	0.00	CO-24	219.00 0.00
1013940584	0409	040925	11	1	82043 QW		14.70	0.00	0.00	0.00	CO-24	14.70 0.00
1013940584	0409	040925	11	1	82570 QW		17.85	0.00	0.00	0.00	CO-24	17.85 0.00
1013940584	0409	040925	11	1	G2211		25.00	0.00	0.00	0.00	CO-24	25.00 0.00
1013940584	0409	040925	11	1	G0442 XU		30.00	0.00	0.00	0.00	CO-24	30.00 0.00
1013940584	0409	040925	11	1	G0444 XU		29.45	0.00	0.00	0.00	CO-24	29.45 0.00
1013940584	0409	040925	11	1	G8417		0.00	0.00	0.00	0.00		0.00
1013940584	0409	040925	11	1	G9621		0.00	0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM TOTALS		731.80	0.00	0.00	0.00		731.80 0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING CHARGE			0.00 NET 0.00
STATUS CODE 1: Processed as Primary												

NAME GOSCIAK, DOUGLAS			HIC 3PM3RE3TG73		ACNT 6019LMD642		ICN 1825115731242	ASG Y	MOA MA15			
1306898036	0423	042325	11	1	1158F		0.00	0.00	0.00	0.00		0.00
							REM: N517 MA130					
1306898036	0423	042325	11	1	1160F		0.00	0.00	0.00	0.00		0.00
							REM: N517 MA130					
1306898036	0423	042325	11	1	1159F		0.00	0.00	0.00	0.00		0.00
							REM: N517 MA130					
1306898036	0423	042325	11	1	2001F		0.00	0.00	0.00	0.00		0.00
							REM: N517 MA130					
1306898036	0423	042325	11	1	3008F		0.00	0.00	0.00	0.00		0.00
							REM: N517 MA130					
1306898036	0423	042325	11	1	2010F		0.00	0.00	0.00	0.00		0.00
							REM: N517 MA130					
1306898036	0423	042325	11	1	3075F		0.00	0.00	0.00	0.00		0.00
							REM: N517 MA130					
1306898036	0423	042325	11	1	3078F		0.00	0.00	0.00	0.00		0.00
							REM: N517 MA130					
1306898036	0423	042325	11	1	3060F		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 NET 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
	2	731.80	0.00	0.00	0.00	731.80	0.00	0.00	0.00

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

CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.
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 the claim is unprocessable. Please submit a new claim with the complete / correct information.
MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
N517 Resubmit a new claim with the requested information.

