

WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
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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: 2025-06-27
EFT #: 899318534
TAX ID #: 272620668

| REND | PROV | SERV DATE | POS | NOS | PROC | MODS | BILLED | ALLOWED | DEDUCT | COINS | GRP/RC-AMT | PROV PD |
|--|-----------------|-----------|-----|-----|-----------------|-----------------|--------|---------|--------------------|-------------------|------------|--------------------|
| NAME | SELDERS, JOHN F | | | | HIC 4XY4A12HY87 | ACNT 6858LMD642 | | | | ICN 1825164274880 | ASG Y | MOA MA01 MA18 MA15 |
| 1306898036 | 0609 | 060925 | 11 | 1 | 99214 | | 219.00 | 120.84 | 0.00 | 24.17 | CO-45 | 98.16 94.74 |
| 1306898036 | 0609 | 060925 | 11 | 1 | G2211 | | 25.00 | 15.26 | 0.00 | 3.05 | CO-253 | 1.93 |
| 1306898036 | 0609 | 060925 | 11 | 1 | G8476 | | 0.00 | 0.00 | 0.00 | 0.00 | CO-45 | 9.74 |
| 1306898036 | 0609 | 060925 | 11 | 1 | G8420 | REM: N620 | 0.00 | 0.00 | 0.00 | 0.00 | CO-253 | 0.24 |
| 1306898036 | 0609 | 060925 | 11 | 1 | G8427 | REM: N620 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| PT RESP | 27.22 | | | | CLAIM TOTALS | | 244.00 | 136.10 | 0.00 | 27.22 | | 110.07 106.71 |
| ADJ TO TOTAL: | PREV PD | | | | INTEREST | | 0.00 | | LATE FILING CHARGE | | 0.00 | NET 106.71 |
| STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s) | | | | | | | | | | | | |
| CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI | | | | | | | | | | | | |

| TOTALS: | # OF CLAIMS | BILLED AMT | ALLOWED AMT | DEDUCT AMT | COINS AMT | TOTAL RC-AMT | PROV PD AMT | PROV ADJ AMT | CHECK AMT |
|---------|-------------|------------|-------------|------------|-----------|--------------|-------------|--------------|-----------|
| | 1 | 244.00 | 136.10 | 0.00 | 27.22 | 110.07 | 106.71 | 0.00 | 106.71 |

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.
N620 Alert: This procedure code is for quality reporting / informational purposes only.
PR-2 Coinsurance Amount

