

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: 2025-05-08
NONPAY #: 393566157
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	WEISS, JOHN W				HIC 5MC7CU0YH36	ACNT 6095LMD642				ICN 1925125039530	ASG Y	MOA	MA01 MA15 N598
1013940584	0417	041725	11	1	G0136 33		65.00	0.00	0.00	0.00	CO-22	65.00	0.00
					REM: N598								
1013940584	0417	041725	11	1	36415		20.00	0.00	0.00	0.00	CO-22	20.00	0.00
					REM: N598								
1013940584	0417	041725	11	1	G2211		25.00	0.00	0.00	0.00	CO-22	25.00	0.00
					REM: N598								
1013940584	0417	041725	11	1	G0444 XU		29.45	0.00	0.00	0.00	CO-22	29.45	0.00
					REM: N598								
1013940584	0417	041725	11	1	G0442 XU		30.00	0.00	0.00	0.00	CO-22	30.00	0.00
					REM: N598								
1013940584	0417	041725	11	1	0513F		0.00	0.00	0.00	0.00			0.00
					REM: N620								0.00
1013940584	0417	041725	11	1	G8417		0.00	0.00	0.00	0.00			0.00
					REM: N620								0.00
1013940584	0417	041725	11	1	G9621		0.00	0.00	0.00	0.00			0.00
					REM: N620								0.00
1013940584	0417	041725	11	1	G8510		0.00	0.00	0.00	0.00			0.00
					REM: N620								0.00
PT RESP	0.00				CLAIM TOTALS		169.45	0.00	0.00	0.00		169.45	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
	1	169.45	0.00	0.00	0.00	169.45	0.00	0.00	0.00

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

CO-22 Payment adjusted because this care may be covered by another payer per coordination of benefits.
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.
N598 Health care policy coverage is primary.
N620 Alert: This procedure code is for quality reporting / informational purposes only.

