

WPS GHA - MAC J8 MI PART B []
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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 2
DATE: 2025-04-28
EFT #: 899138314
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	BULTENA, JULIE				HIC 4A86W44KP70	ACNT 3204LMD642				ICN 1825100645360	ASG Y	MOA MA01 MA18 MA15
1306898036	1120	112024	11	1	G0438		319.80	0.00	0.00	0.00	PR-26	319.80 0.00
					REM: N130							
1306898036	1120	112024	11	1	99397	25	341.00	0.00	0.00	0.00	PR-96	341.00 0.00
					REM: N130							
1306898036	1120	112024	11	1	99497	33	132.00	0.00	0.00	0.00	CO-B13	132.00 0.00
1306898036	1120	112024	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00 0.00
					REM: N20							
1306898036	1120	112024	11	1	36415		15.00	0.00	0.00	0.00	CO-B13	15.00 0.00
1306898036	1120	112024	11	1	99401	33	0.00	0.00	0.00	0.00		0.00
					REM: N130							
1306898036	1120	112024	11	1	G0442	XU	43.00	0.00	0.00	0.00	CO-151	43.00 0.00
					REM: MA01							
1306898036	1120	112024	11	1	G0444	XU	91.00	0.00	0.00	0.00	CO-236	91.00 0.00
1306898036	1120	112024	11	1	G0446	XU	61.88	24.64	0.00	0.00	CO-45	37.24 24.15
											CO-253	0.49
1306898036	1120	112024	11	1	G8417		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	1120	112024	11	1	G8510		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	1120	112024	11	1	G9622		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	660.80				CLAIM TOTALS		1028.68	24.64	0.00	0.00		1004.53 24.15
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET 24.15
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI												

NAME	MENDEZ, HERIBERTO				HIC 3C61N70AN05	ACNT 5793LMD642				ICN 1825105094350	ASG Y	MOA MA01 N89 MA18 MA15
1306898036	0411	041125	11	1	99214	25	219.00	120.84	98.90	4.39	CO-45	98.16 17.20
											CO-253	0.35
1306898036	0411	041125	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74 11.97
											CO-253	0.24
1306898036	0411	041125	11	1	99401	25	60.00	0.00	0.00	0.00	PR-96	60.00 0.00
					REM: N130							
1306898036	0411	041125	11	1	G0446	XU	30.00	30.00	0.00	0.00	CO-253	0.60 29.40
1306898036	0411	041125	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91 8.91
											CO-253	0.18
1306898036	0411	041125	11	1	90677		330.00	312.90	0.00	0.00	CO-45	17.10 306.64
											CO-253	6.26
1306898036	0411	041125	11	1	90471		37.68	0.00	0.00	0.00	PR-96	37.68 0.00
					REM: N115							
					HCPI: L34596	A56900						
1306898036	0411	041125	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92 5.66
											CO-253	0.12
1306898036	0411	041125	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67 5.08
											CO-253	0.10
1306898036	0411	041125	11	1	1036F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	204.02				CLAIM TOTALS		754.23	499.05	98.90	7.44		263.03 384.86
ADJ TO TOTAL: PREV PD					INTEREST		0.00					NET 384.86
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
	2	1782.91	523.69	98.90	7.44	1267.56	409.01	0.00	409.01

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-234 This procedure is not paid separately. 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-253 Sequestration - reduction in federal spending



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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.

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.

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.

N20 Service not payable with other service rendered on the same date.

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

N89 Alert: Payment information for this claim has been forwarded to more than one other payer, but format limitations permit only one of the secondary payers to be identified in this remittance advice.

PR-1 Deductible Amount

PR-2 Coinsurance Amount

PR-26 Expenses incurred prior to coverage.

PR-96 Non-covered charge(s).

