

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: 2025-03-26  
EFT #: 899043154  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	DYKSTRA, DEBORAH A				HIC 8XF7XE3XU48	ACNT	5194LMD642			ICN 1825071682040	ASG Y	MOA MA01 MA18 MA15
1013940584	0311	031125	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15 119.41
											CO-253	2.44
1013940584	0311	031125	11	1	99215 25		295.00	169.85	0.00	33.97	CO-45	125.15 133.16
											CO-253	2.72
1013940584	0311	031125	11	1	99406		27.06	13.53	0.00	0.00	CO-45	13.53 13.26
											CO-253	0.27
1013940584	0311	031125	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91 8.91
											CO-253	0.18
1013940584	0311	031125	11	1	82043 QW		14.70	5.78	0.00	0.00	CO-45	8.92 5.66
											CO-253	0.12
1013940584	0311	031125	11	1	82570 QW		17.85	5.18	0.00	0.00	CO-45	12.67 5.08
											CO-253	0.10
1013940584	0311	031125	11	1	G0442 XU		30.00	16.22	0.00	0.00	CO-45	13.78 15.90
											CO-253	0.32
1013940584	0311	031125	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74 11.97
											CO-253	0.24
1013940584	0311	031125	11	1	G9621		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0311	031125	11	1	G8510		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	37.02				CLAIM TOTALS		790.61	356.76	0.00	37.02		440.24 313.35
ADJ TO TOTAL: PREV PD					INTEREST		0.00					0.00 NET 313.35
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: MUTUAL OF OMAHA												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	790.61	356.76	0.00	37.02	440.24	313.35	0.00	313.35

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

