

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 2
DATE: 2025-05-16
EFT #: 899198606
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	GENTHER, WILLIAM R		HIC	4WT6J11UA53	ACNT	6084LMD642				ICN	1825122674200	ASG	Y
	1013940584	0428 042825	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15	119.41
											CO-253	2.44	
	1013940584	0428 042825	11	1	99214	25	219.00	120.84	0.00	24.17	CO-45	98.16	94.74
											CO-253	1.93	
	1013940584	0428 042825	11	1	99497	33	132.00	77.66	0.00	0.00	CO-45	54.34	76.11
											CO-253	1.55	
	1013940584	0428 042825	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74	11.97
											CO-253	0.24	
	1013940584	0428 042825	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-45	47.60	17.05
											CO-253	0.35	
	1013940584	0428 042825	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
											CO-253	0.18	
	1013940584	0428 042825	11	1	G0444	XU	91.00	16.22	0.00	0.00	CO-45	74.78	15.90
											CO-253	0.32	
	1013940584	0428 042825	11	1	G0442	XU	43.00	16.22	0.00	0.00	CO-45	26.78	15.90
											CO-253	0.32	
	1013940584	0428 042825	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-253	0.62	
	1013940584	0428 042825	11	1	99491		160.02	80.01	0.00	16.00	CO-45	80.01	62.73
											CO-253	1.28	
	1013940584	0428 042825	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-253	0.62	
	1013940584	0428 042825	11	1	2000F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
	1013940584	0428 042825	11	1	G8417		0.00	0.00	0.00	0.00			0.00
					REM: N620								
	1013940584	0428 042825	11	1	G9621		0.00	0.00	0.00	0.00			0.00
					REM: N620								
	1013940584	0428 042825	11	1	G8510		0.00	0.00	0.00	0.00			0.00
					REM: N620								
PT RESP	43.22				CLAIM TOTALS		1246.02	536.43	0.00	43.22		719.44	483.36
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	483.36
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: WPS - TRICARE FOR LIFE													

NAME	MINER, EDWARD B		HIC	3RH1KP7NJ12	ACNT	6150LMD642				ICN	1825122674240	ASG	Y
	1013940584	0502 050225	11	1	99496		446.00	261.36	0.00	52.27	CO-45	184.64	204.91
											CO-253	4.18	
	1013940584	0502 050225	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
					REM: N390								
	1013940584	0502 050225	11	1	2000F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
PT RESP	52.27				CLAIM TOTALS		471.00	261.36	0.00	52.27		213.82	204.91
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	204.91
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP													



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME RIDER, GARY L						HIC 5MM6V81HF72	ACNT 6117LMD642					ICN 1825122674230	ASG Y	MOA MA01 MA18 MA15
1013940584	0430	043025	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
												CO-253	2.44	
1013940584	0430	043025	11	1	99214	25		241.68	120.84	0.00	24.17	CO-45	120.84	94.74
												CO-253	1.93	
1013940584	0430	043025	11	1	99497	33		132.00	77.66	0.00	0.00	CO-45	54.34	76.11
												CO-253	1.55	
1013940584	0430	043025	11	1	G2211			25.00	15.26	0.00	3.05	CO-45	9.74	11.97
												CO-253	0.24	
1013940584	0430	043025	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1013940584	0430	043025	11	1	G0136	XU		65.00	17.40	0.00	3.48	CO-45	47.60	13.64
												CO-253	0.28	
1013940584	0430	043025	11	1	G0444	XU		91.00	16.22	0.00	0.00	CO-45	74.78	15.90
												CO-253	0.32	
1013940584	0430	043025	11	1	G0442	XU		43.00	16.22	0.00	0.00	CO-45	26.78	15.90
												CO-253	0.32	
1013940584	0430	043025	11	1	G0446	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-253	0.62	
1013940584	0430	043025	11	1	2000F			0.00	0.00	0.00	0.00			0.00
						REM: N620								
1013940584	0430	043025	11	1	0513F			0.00	0.00	0.00	0.00			0.00
						REM: N620								
1013940584	0430	043025	11	1	G8420			0.00	0.00	0.00	0.00			0.00
						REM: N620								
1013940584	0430	043025	11	1	G9622			0.00	0.00	0.00	0.00			0.00
						REM: N620								
PT RESP	30.70					CLAIM TOTALS		1043.68	425.48	0.00	30.70		626.08	386.90
ADJ TO TOTAL: PREV PD						INTEREST		0.00					NET	386.90
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
	3	2760.70	1223.27	0.00	126.19	1559.34	1075.17	0.00	1075.17

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

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

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.

N390 This service / report cannot be billed separately.

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

PR-2 Coinsurance Amount

