

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: 2025-06-25
EFT #: 899309942
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MINER, EDWARD B					HIC 3RH1KP7NJ12	ACNT	6854LMD642			ICN 1825162728740	ASG Y	MOA MA01 MA18 MA15
1013940584	0606	060625	11	1	99496		446.00	261.36	0.00	52.27	CO-45	184.64 204.91
1013940584	0606	060625	11	1	G2211		25.00	0.00	0.00	0.00	CO-253	4.18
						REM: N390					CO-234	25.00 0.00
1013940584	0606	060625	11	1	G8476		0.00	0.00	0.00	0.00		0.00
						REM: N620						0.00
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				0.00	NET 204.91
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	471.00	261.36	0.00	52.27	213.82	204.91	0.00	204.91

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

