

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: 2025-05-05
NONPAY #: 393557121
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	6150LMD642		ICN	1825122674242	ASG Y	MOA MA15
1013940584	0502	050225	11	1	3075F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0502	050225	11	1	3078F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0502	050225	11	1	3008F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0502	050225	11	1	2001F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0502	050225	11	1	1000F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0502	050225	11	1	1159F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
1013940584	0502	050225	11	1	1160F		0.00	0.00	0.00	0.00		0.00
REM: N517 MA130												
PT RESP		0.00	CLAIM TOTALS			0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST	0.00	LATE FILING CHARGE		0.00	NET	0.00	
STATUS CODE 1: Processed as Primary												

NAME WEISS, JOHN W				HIC 5MC7CU0TH36		ACNT 6095LMD642		ICN 1825121689080			ASG Y	MOA N382 MA130
1013940584	0417	041725	11	1	G0136 33	65.00	0.00	0.00	0.00	CO-16	65.00	0.00
REM: N382 MA130												
1013940584	0417	041725	11	1	36415	20.00	0.00	0.00	0.00	CO-16	20.00	0.00
REM: N382 MA130												
1013940584	0417	041725	11	1	G2211	25.00	0.00	0.00	0.00	CO-16	25.00	0.00
REM: N382 MA130												
1013940584	0417	041725	11	1	G0444 XU	29.45	0.00	0.00	0.00	CO-16	29.45	0.00
REM: N382 MA130												
1013940584	0417	041725	11	1	G0442 XU	30.00	0.00	0.00	0.00	CO-16	30.00	0.00
REM: N382 MA130												
1013940584	0417	041725	11	1	G0402 25	361.00	0.00	0.00	0.00	CO-16	361.00	0.00
REM: N382 MA130												
1013940584	0417	041725	11	1	0513F	0.00	0.00	0.00	0.00			0.00
REM: N382 MA130												
1013940584	0417	041725	11	1	G8417	0.00	0.00	0.00	0.00			0.00
REM: N382 MA130												
1013940584	0417	041725	11	1	3078F	0.00	0.00	0.00	0.00			0.00
REM: N382 MA130												
1013940584	0417	041725	11	1	3075F	0.00	0.00	0.00	0.00			0.00
REM: N382 MA130												
1013940584	0417	041725	11	1	G9621	0.00	0.00	0.00	0.00			0.00
REM: N382 MA130												
1013940584	0417	041725	11	1	2028F	0.00	0.00	0.00	0.00			0.00
REM: N382 MA130												
1013940584	0417	041725	11	1	G8510	0.00	0.00	0.00	0.00			0.00
REM: N382 MA130												
PT RESP		0.00	CLAIM TOTALS			530.45	0.00	0.00	0.00		530.45	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
	2	530.45	0.00	0.00	0.00	530.45	0.00	0.00	0.00

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

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

MA130 Your claim contains incomplete and / or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete / correct information.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

N382 Missing / incomplete / invalid patient identifier.

N517 Resubmit a new claim with the requested information.

