

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: 2025-05-12
EFT #: 899181836
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	STITZEL, JOHN M				HIC 6XH7CJ9HP46	ACNT 5586LMD642				ICN 1925118016460	ASG Y	MOA MA01 MA18 MA15
1306898036	0401	040125	11	1	99213 25		146.00	0.00	0.00	0.00	CO-97	146.00 0.00
					REM: M144							
1306898036	0401	040125	11	1	G0447 XU		65.00	30.94	0.00	0.00	CO-45	34.06 30.32
											CO-253	0.62
1306898036	0401	040125	11	1	99401 33		65.00	0.00	0.00	0.00	PR-96	65.00 0.00
					REM: N130							
1306898036	0401	040125	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00 0.00
					REM: N390							
1306898036	0401	040125	11	1	2000F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	65.00				CLAIM TOTALS		301.00	30.94	0.00	0.00		270.68 30.32
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	NET 30.32
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: AMERICAN CONTINENTAL INSU.												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	301.00	30.94	0.00	0.00	270.68	30.32	0.00	30.32

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.
CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
M144 Pre-/post-operative care payment is included in the allowance for the surgery / procedure.
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.
N130 Consult plan benefit documents / guidelines for information about restrictions for this service.
N390 This service / report cannot be billed separately.
N620 Alert: This procedure code is for quality reporting / informational purposes only.
PR-96 Non-covered charge(s).

