

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: 2025-03-03
NONPAY #: 393415751
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BEMKE, KENNETH G				HIC	3M07QN8AM47	ACNT	4937LMD642	ICN	1825056646622	ASG	Y	MOA	MA15	
1013940584	0219	021925	11	1	36415			0.00	0.00	0.00	0.00			0.00
				REM: M79 MA130										
1013940584	0219	021925	11	1	3077F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1013940584	0219	021925	11	1	3080F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1013940584	0219	021925	11	1	3008F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1013940584	0219	021925	11	1	2001F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1013940584	0219	021925	11	1	1000F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1013940584	0219	021925	11	1	1159F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1013940584	0219	021925	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 OLNEY, NAN				HIC	8T71YW7RC97	ACNT	4983LMD642	ICN	1825057620542	ASG	Y	MOA	MA15	
1306898036	0225	022525	11	1	3074F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1306898036	0225	022525	11	1	3078F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1306898036	0225	022525	11	1	3008F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1306898036	0225	022525	11	1	2001F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1306898036	0225	022525	11	1	1000F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1306898036	0225	022525	11	1	1159F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1306898036	0225	022525	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 STANHOPE, GEORGE A				HIC	3P65RM9DJ52	ACNT	4995LMD642	ICN	1825057620610	ASG	Y	MOA	MA01 MA18	
1013940584	0127	012725	10	1	98966			25.18	0.00	0.00	0.00	PR-172	25.18	0.00
PT RESP				25.18	CLAIM	TOTALS		25.18	0.00	0.00	0.00		25.18	0.00
ADJ TO TOTAL: PREV PD					INTEREST			0.00	LATE FILING	CHARGE		0.00	NET	0.00
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: HIGHMARK INC														
NAME TOBIN, GERALD L				HIC	2PJ5RM6HA86	ACNT	4989LMD642	ICN	1825057620582	ASG	Y	MOA	MA15	
1013940584	0225	022525	11	1	3075F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1013940584	0225	022525	11	1	3079F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1013940584	0225	022525	11	1	3061F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1013940584	0225	022525	11	1	3075F			0.00	0.00	0.00	0.00			0.00
				REM: N517 MA130										
1013940584	0225	022525	11	1	3079F			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														



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REMITTANCE

ADVICE

DATE: 2025-03-03

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	4	25.18	0.00	0.00	0.00	25.18	0.00	0.00	0.00

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

M79 Missing / incomplete / invalid charge.

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.

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.

MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.

N517 Resubmit a new claim with the requested information.

PR-172 Payment is adjusted when performed / billed by a provider of this specialty

