

WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
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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: 2025-04-08
EFT #: 899081258
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	COOLEY, PHILIP B					HIC 9F82QV4CU11	ACNT	5431LMD642			ICN 1825084612060	ASG Y	MOA MA01	MA15
1306898036	0324	032425	11	1	99213	25		146.00	85.63	0.00	17.13	CO-45	60.37	67.13
1306898036	0324	032425	11	1	G0446	XU		61.88	30.94	0.00	0.00	CO-253	1.37	
1306898036	0324	032425	11	1	1036F			0.00	0.00	0.00	0.00	CO-45	30.94	30.32
1306898036	0324	032425	11	1	2000F			0.00	0.00	0.00	0.00	CO-253	0.62	
PT RESP	17.13					CLAIM TOTALS		207.88	116.57	0.00	17.13		93.30	97.45
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	97.45
STATUS CODE 1: Processed as Primary														

NAME	GODLEY, TAYLOR					HIC 7DX7YV0XJ34	ACNT	5267LMD642			ICN 1825084280120	ASG Y	MOA MA01	MA07 MA15
1306898036	0314	031425	11	1	99214	25		219.00	120.84	0.00	24.17	CO-45	98.16	94.74
1306898036	0314	031425	11	1	99401	33		40.00	0.00	0.00	0.00	CO-253	1.93	
1306898036	0314	031425	11	1	G8431			0.00	0.00	0.00	0.00	PR-96	40.00	0.00
PT RESP	64.17					CLAIM TOTALS		259.00	120.84	0.00	24.17		140.09	94.74
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	94.74
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS														

NAME	STITZEL, JOHN M					HIC 6XH7CJ9HP46	ACNT	5451LMD642			ICN 1825084612080	ASG Y	MOA MA01	MA18 MA15
1013940584	0325	032525	11	1	99214	25		219.00	120.84	0.00	24.17	CO-45	98.16	94.74
1013940584	0325	032525	11	1	G2211			25.00	0.00	0.00	0.00	CO-253	1.93	
1013940584	0325	032525	11	1	10060			262.90	117.77	0.00	23.55	CO-234	25.00	0.00
PT RESP	47.72					CLAIM TOTALS		506.90	238.61	0.00	47.72	CO-45	145.13	92.34
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	187.08
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
	3	973.78	476.02	0.00	89.02	505.49	379.27	0.00	379.27

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.
MA07 Alert: The claim information has also been forwarded to Medicaid for review.
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.
N20 Service not payable with other service rendered on the same date.
N620 Alert: This procedure code is for quality reporting / informational purposes only.
PR-2 Coinsurance Amount
PR-96 Non-covered charge(s).

