

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: 2025-08-13
EFT #: 899449941
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BURD, MELVIN G					HIC 7RN5R16NE52	ACNT	7714LMD642			ICN 1825211702820	ASG Y	MOA MA01
1013940584	0728	072825	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91 8.91
											CO-253	0.18
PT RESP	0.00				CLAIM TOTALS		20.00	9.09	0.00	0.00		11.09 8.91
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 8.91
STATUS CODE 1: Processed as Primary												

NAME BURD, MELVIN G					HIC 7RN5R16NE52	ACNT	7715LMD642			ICN 1825211702850	ASG Y	MOA MA01 MA15
1013940584	0729	072925	11	1	99215 25		295.00	169.85	0.00	33.97	CO-45	125.15 133.16
											CO-253	2.72
1013940584	0729	072925	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00 0.00
					REM: N20							
1013940584	0729	072925	11	1	93000		71.00	13.33	0.00	2.67	CO-45	57.67 10.45
											CO-253	0.21
1013940584	0729	072925	11	1	G8476		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0729	072925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	36.64				CLAIM TOTALS		391.00	183.18	0.00	36.64		210.75 143.61
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 143.61
STATUS CODE 1: Processed as Primary												

NAME MINER, EDWARD B					HIC 3RH1KP7NJ12	ACNT	7689LMD642			ICN 1825211702790	ASG Y	MOA MA01 MA18 MA15
1013940584	0728	072825	11	1	99495		318.00	192.73	0.00	38.55	CO-45	125.27 151.10
											CO-253	3.08
1013940584	0728	072825	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00 0.00
					REM: N390							
1013940584	0728	072825	11	1	G8476		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0728	072825	11	1	2000F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	38.55				CLAIM TOTALS		343.00	192.73	0.00	38.55		153.35 151.10
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 151.10
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP												

NAME ROMME, JANIS					HIC 3RK9CK4HE39	ACNT	3671LMD642			ICN 1825211702730	ASG Y	MOA MA01 MA18 MA15
1013940584	1218	121824	11	1	G0439		361.00	125.39	0.00	0.00	CO-45	235.61 122.88
											CO-253	2.51
1013940584	1218	121824	11	1	99213 25		146.00	87.51	0.00	17.50	CO-45	58.49 68.61
											CO-253	1.40
1013940584	1218	121824	11	1	G9622		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	1218	121824	11	1	G8510		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	1218	121824	11	1	1036F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	1218	121824	11	1	36415		15.00	0.00	0.00	0.00	CO-B13	15.00 0.00
1013940584	1218	121824	11	1	G0442 XU		30.00	17.91	0.00	0.00	CO-45	12.09 17.55
											CO-253	0.36
1013940584	1218	121824	11	1	G0444 XU		29.45	17.91	0.00	0.00	CO-45	11.54 17.55
											CO-253	0.36
PT RESP	17.50				CLAIM TOTALS		581.45	248.72	0.00	17.50		337.36 226.59
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 226.59
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: WEBTPA EMPLOYER SERVICES												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	4	1335.45	633.72	0.00	92.69	712.55	530.21	0.00	530.21

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.



WPS GHA - MAC J8 MI PART B

REMITTANCE

NPI #: 1982923660 TIMOTHY J. TOBOLIC, MD, PLLC

ADVICE

EFT #: 899449941 PAGE #: 2 of 2

DATE: 2025-08-13

CO-253 Sequestration - reduction in federal spending

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

CO-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.

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.

N20 Service not payable with other service rendered on the same date.

N390 This service / report cannot be billed separately.

N620 Alert: This procedure code is for quality reporting / informational purposes only.

PR-2 Coinsurance Amount

