

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: 2025-05-09  
EFT #: 899177531  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	GOSCIAK, DOUGLAS				HIC 3PM3RE3TG73	ACNT	6019LMD642		ICN 1825115731240	ASG Y	MOA	MA01 MA18 MA15
1306898036	0423	042325	11	1	G0439		361.00	121.85	0.00	0.00	CO-45 239.15 CO-253 2.44 PR-96 341.00	119.41
1306898036	0423	042325	11	1	99397 25		341.00	0.00	0.00	0.00		0.00
					REM: N130							
1306898036	0423	042325	11	1	99497 33		132.00	77.66	0.00	0.00	CO-45 54.34 CO-253 1.55	76.11
1306898036	0423	042325	11	1	G2211		25.00	0.00	0.00	0.00	CO-234 25.00	0.00
					REM: N390							
1306898036	0423	042325	11	1	G0136 33		65.00	17.40	0.00	0.00	CO-45 47.60 CO-253 0.35	17.05
1306898036	0423	042325	11	1	36415		20.00	9.09	0.00	0.00	CO-45 10.91 CO-253 0.18	8.91
1306898036	0423	042325	11	1	G0444 XU		91.00	16.22	0.00	0.00	CO-45 74.78 CO-253 0.32	15.90
1306898036	0423	042325	11	1	G0442 XU		43.00	16.22	0.00	0.00	CO-45 26.78 CO-253 0.32	15.90
1306898036	0423	042325	11	1	G0447 XU		65.00	30.94	0.00	0.00	CO-45 34.06 CO-253 0.62	30.32
1306898036	0423	042325	11	1	99401 25		65.00	0.00	0.00	0.00	PR-96 65.00	0.00
					REM: N130							
1306898036	0423	042325	11	1	G0446 XU		65.00	30.94	0.00	0.00	CO-45 34.06 CO-253 0.62	30.32
1306898036	0423	042325	11	1	82043 QW		14.70	5.78	0.00	0.00	CO-45 8.92 CO-253 0.12	5.66
1306898036	0423	042325	11	1	82570 QW		17.85	5.18	0.00	0.00	CO-45 12.67 CO-253 0.10	5.08
1306898036	0423	042325	11	1	G0557		94.10	47.05	0.00	9.41	CO-45 47.05 CO-253 0.75	36.89
1306898036	0423	042325	11	1	2000F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0423	042325	11	1	G9622		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0423	042325	11	1	1036F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	415.41				CLAIM TOTALS		1399.65	378.33	0.00	9.41	1028.69	361.55
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE	0.00	NET	361.55
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI												
TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT			
	1	1399.65	378.33	0.00	9.41	1028.69	361.55	0.00	361.55			

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.  
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-2 Coinsurance Amount  
PR-96 Non-covered charge(s).

