

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES []  
P.O. BOX 30479  
LANSING, MI 48909

REMITTANCE  
ADVICE

TIMOTHY TOBOLIC, MD, PLLC [CV0012104]  
7740 BYRON CENTER AVE SW

TAX ID #: 272620668  
PAGE #: 1 of 2  
DATE: 2025-05-01  
NONPAY #: 80897353

BYRON CENTER, MI 493156928

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	SCHUMAKER, WILLIAM P					HIC	0010329532	ACNT	5974LMD642		ICN	312511310201947000	ASG	Y MOA
1013940584	0421	042125	11	1	99214	25		219.00	0.00	0.00	0.00	CO-24	219.00	0.00
							REM: N442 MA125							
1013940584	0421	042125	11	1	G2211			25.00	0.00	0.00	0.00	CO-16	25.00	0.00
							REM: N65 N56							
1013940584	0421	042125	11	1	36415			20.00	0.00	0.00	0.00	CO-24	20.00	0.00
1013940584	0421	042125	11	1	G0446	XU		61.88	0.00	0.00	0.00	CO-16	61.88	0.00
							REM: N65 N56							
1013940584	0421	042125	11	1	82570	QW		17.85	0.00	0.00	0.00	CO-24	17.85	0.00
1013940584	0421	042125	11	1	82043	QW		14.70	0.00	0.00	0.00	CO-24	14.70	0.00
1013940584	0421	042125	11	1	3074F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	3078F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	2028F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	2010F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	3008F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	2001F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	1159F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	2000F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	1160F			0.00	0.00	0.00	0.00			0.00
1013940584	0421	042125	11	1	3061F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00					CLAIM	TOTALS	358.43	0.00	0.00	0.00		358.43	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 4: Denied														

NAME	WOZNIAK, WAYNE R					HIC	1153820282	ACNT	602LMD642		ICN	312511470235682000	ASG	Y MOA	M47
1306898036	0611	061124	11	1	99214			219.00	0.00	0.00	0.00	CO-16	219.00		0.00
							REM: N442 M76								
1306898036	0611	061124	11	1	G8476			0.00	0.00	0.00	0.00				0.00
							REM: N65								
1306898036	0611	061124	11	1	G8418			0.00	0.00	0.00	0.00				0.00
							REM: N65								
1306898036	0611	061124	11	1	G8427			0.00	0.00	0.00	0.00				0.00
							REM: N65								
1306898036	0611	061124	11	1	3074F			0.00	0.00	0.00	0.00				0.00
							REM: N65								
1306898036	0611	061124	11	1	3078F			0.00	0.00	0.00	0.00				0.00
							REM: N65								
1306898036	0611	061124	11	1	1160F			0.00	0.00	0.00	0.00				0.00
							REM: N65								
1306898036	0611	061124	11	1	3008F			0.00	0.00	0.00	0.00				0.00
							REM: N65								
1306898036	0611	061124	11	1	2000F			0.00	0.00	0.00	0.00				0.00
							REM: N65								
1306898036	0611	061124	11	1	1000F			0.00	0.00	0.00	0.00				0.00
							REM: N65								
1306898036	0611	061124	11	1	2001F			0.00	0.00	0.00	0.00				0.00
							REM: N65								
1306898036	0611	061124	11	1	1159F			0.00	0.00	0.00	0.00				0.00
							REM: N65								
PT RESP	0.00					CLAIM	TOTALS	219.00	0.00	0.00	0.00		219.00		0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00		LATE FILING CHARGE		0.00	NET		0.00
STATUS CODE 4: Denied															

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	577.43	0.00	0.00	0.00	577.43	0.00	0.00	0.00

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

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.  
CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.  
M47 Missing / incomplete / invalid internal or document control number.  
M76 Missing / incomplete / invalid diagnosis or condition.  
MA125 Per legislation governing this program, payment constitutes payment in full.



MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

REMITTANCE

TAX ID #: 272620668 TIMOTHY TOBOLIC, MD, PLLC [CV0012104]

ADVICE

NONPAY #: 80897353 PAGE #: 2 of 2

DATE: 2025-05-01

N442 Payment based on an alternate fee schedule.

N56 Procedure code billed is not correct / valid for the services billed or the date of service billed.

N65 Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service / provider.

