

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 2
DATE: 2025-08-05
EFT #: 899425762
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	MATTESON, JON K				HIC	7VG2WR6QU09	ACNT	7533LMD642		ICN	1825203657890	ASG	Y
	1306898036	0721	072125	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15
												MA01	MA18
												MA15	
	1306898036	0721	072125	11	1	99497	33	132.00	77.66	0.00	0.00	CO-45	2.44
												CO-253	2.44
												CO-45	54.34
												CO-253	1.55
	1306898036	0721	072125	11	1	99214	25	241.68	120.84	120.84	0.00	CO-45	120.84
	1306898036	0721	072125	11	1	G2211		25.00	15.26	15.26	0.00	CO-45	9.74
	1306898036	0721	072125	11	1	G0444	XU	91.00	16.22	0.00	0.00	CO-45	74.78
												CO-253	0.32
	1306898036	0721	072125	11	1	G0442	XU	43.00	16.22	0.00	0.00	CO-45	26.78
												CO-253	0.32
	1306898036	0721	072125	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-45	47.60
												CO-253	0.35
	1306898036	0721	072125	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91
												CO-253	0.18
	1306898036	0721	072125	11	1	G0556		29.48	14.74	14.74	0.00	CO-45	14.74
	PT RESP	150.84				CLAIM TOTALS		1008.16	409.28	150.84	0.00		604.04
	ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
													253.28
	STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
	CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI												

NAME	MCHUGH, DANIEL T				HIC	2EF6E63YF67	ACNT	7489LMD642		ICN	1825203657760	ASG	Y
	1306898036	0716	071625	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15
												MA01	MA15
												MA15	
	1306898036	0716	071625	11	1	99497	33	132.00	77.66	0.00	0.00	CO-45	2.44
												CO-253	2.44
												CO-45	54.34
												CO-253	1.55
	1306898036	0716	071625	11	1	99214	25	241.68	120.84	0.00	24.17	CO-45	120.84
												CO-253	1.93
	1306898036	0716	071625	11	1	G0557		94.10	47.05	0.00	9.41	CO-45	47.05
												CO-253	0.75
	1306898036	0716	071625	11	1	G0442	XU	43.00	16.22	0.00	0.00	CO-45	26.78
												CO-253	0.32
	1306898036	0716	071625	11	1	G0444	XU	91.00	16.22	0.00	0.00	CO-45	74.78
												CO-253	0.32
	1306898036	0716	071625	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-45	47.60
												CO-253	0.35
	1306898036	0716	071625	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74
												CO-253	0.24
	1306898036	0716	071625	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-45	34.06
												CO-253	0.62
	1306898036	0716	071625	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91
												CO-253	0.18
	PT RESP	36.63				CLAIM TOTALS		1137.78	472.53	0.00	36.63		673.95
	ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
													427.20
	STATUS CODE 1: Processed as Primary												



REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	MENACHER, JAMES B		HIC	1F96J73EU53	ACNT	7523LMD642			ICN	1825203657820	ASG Y	MOA MA01 MA18 MA15
1013940584	0721 072125 11	1	G0439				361.00	121.85	0.00	0.00	CO-45	239.15 119.41
1013940584	0721 072125 11	1	99497 33				155.32	77.66	0.00	0.00	CO-253	2.44
1013940584	0721 072125 11	1	99214 25				219.00	120.84	0.00	24.17	CO-45	77.66 76.11
1013940584	0721 072125 11	1	82043 QW				14.70	5.78	0.00	0.00	CO-253	1.55
1013940584	0721 072125 11	1	82570 QW				17.85	5.18	0.00	0.00	CO-45	98.16 94.74
1013940584	0721 072125 11	1	G2211				25.00	15.26	0.00	3.05	CO-253	1.93
1013940584	0721 072125 11	1	93000				71.00	13.33	0.00	2.67	CO-45	8.92 5.66
PT RESP	29.89		CLAIM TOTALS				863.87	359.90	0.00	29.89	CO-253	0.12
ADJ TO TOTAL: PREV PD			INTEREST				0.00				CO-45	12.67 5.08
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)											CO-253	0.10
CLAIM INFORMATION FORWARDED TO: MUTUAL OF OMAHA											CO-45	9.74 11.97
											CO-253	0.24
											CO-45	57.67 10.45
											CO-253	0.21
												510.56 323.42
											0.00	NET 323.42

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	3009.81	1241.71	150.84	66.52	1788.55	1003.90	0.00	1003.90

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

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.

PR-1 Deductible Amount

PR-2 Coinsurance Amount