

WPS GHA - MAC J8 MI PART B []  
P.O. BOX 8939  
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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: 2025-07-25  
EFT #: 899393934  
TAX ID #: 272620668

| REND   | PROV             | SERV DATE | POS | NOS | PROC            | MODS            | BILLED | ALLOWED | DEDUCT | COINS             | GRP/RC-AMT | PROV PD            |
|--|------------------|-----------|-----|-----|-----------------|-----------------|--------|---------|--------|-------------------|------------|--------------------|
| NAME   | STUART, AMANDA L |           |     |     | HIC 9UM8AR3AX46 | ACNT 7260LMD642 |        |         |        | ICN 1825189622930 | ASG Y      | MOA MA01 MA07 MA15 |
| 1013940584   | 0702             | 070225    | 11  | 1   | 99214 25        |                 | 219.00 | 120.84  | 0.00   | 24.17             | CO-45      | 98.16 94.74        |
|  |                  |           |     |     | REM: N782       |                 |        |         |        |                   |            |                    |
| 1013940584   | 0702             | 070225    | 11  | 1   | G2211           |                 | 25.00  | 0.00    | 0.00   | 0.00              | CO-253     | 1.93               |
|  |                  |           |     |     | REM: N20        |                 |        |         |        |                   | CO-234     | 25.00 0.00         |
| PT RESP  | 24.17            |           |     |     | CLAIM TOTALS    |                 | 244.00 | 120.84  | 0.00   | 24.17             |            | 125.09 94.74       |
| ADJ TO TOTAL: PREV PD  |                  |           |     |     | INTEREST        |                 | 0.00   |         |        |                   |            |                    |
| STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s) |                  |           |     |     |                 |                 |        |         |        |                   | 0.00       | NET 94.74          |
| CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS              |                  |           |     |     |                 |                 |        |         |        |                   |            |                    |

| TOTALS: | # OF CLAIMS | BILLED AMT | ALLOWED AMT | DEDUCT AMT | COINS AMT | TOTAL RC-AMT | PROV PD AMT | PROV ADJ AMT | CHECK AMT |
|---------|-------------|------------|-------------|------------|-----------|--------------|-------------|--------------|-----------|
|         | 1           | 244.00     | 120.84      | 0.00       | 24.17     | 125.09       | 94.74       | 0.00         | 94.74     |

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.

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

N782 Alert: No coinsurance may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance.

PR-2 Coinsurance Amount

