

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 5
DATE: 2025-07-07
EFT #: 899338291
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 7002LMD642				ICN 1825174885800	ASG Y	MOA MA01	MA15
1013940584	0616	061625	11	1	99214 25		219.00	120.84	0.00	24.17	CO-45	98.16	94.74
1013940584	0616	061625	11	1	G0506		116.66	58.33	0.00	11.67	CO-253	1.93	
1013940584	0616	061625	11	1	G8476		0.00	0.00	0.00	0.00	CO-45	58.33	45.73
1013940584	0616	061625	11	1	G8427		0.00	0.00	0.00	0.00	CO-253	0.93	
PT RESP	35.84				CLAIM TOTALS		335.66	179.17	0.00	35.84		159.35	140.47
ADJ TO TOTAL: PREV PD					INTEREST		0.00			LATE FILING CHARGE	0.00	NET	140.47
STATUS CODE 1: Processed as Primary													

NAME CRISMAN, HAROLD					HIC 7W21VM5MJ18	ACNT 7013LMD642				ICN 1825174885840	ASG Y	MOA MA01	MA07	MA15
1306898036	0617	061725	11	1	99214		219.00	120.84	0.00	24.17	CO-45	98.16	94.74	
1306898036	0617	061725	11	1	G2211	REM: N782	25.00	15.26	0.00	3.05	CO-253	1.93		
1306898036	0617	061725	11	1	36415	REM: N782	20.00	9.09	0.00	0.00	CO-45	9.74	11.97	
1306898036	0617	061725	11	1	G8420		0.00	0.00	0.00	0.00	CO-253	0.24		
1306898036	0617	061725	11	1	G8420		0.00	0.00	0.00	0.00	CO-45	10.91	8.91	
1306898036	0617	061725	11	1	G8420		0.00	0.00	0.00	0.00	CO-253	0.18		0.00
PT RESP	27.22				CLAIM TOTALS		264.00	145.19	0.00	27.22		121.16	115.62	
ADJ TO TOTAL: PREV PD					INTEREST		0.00			LATE FILING CHARGE	0.00	NET	115.62	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS														

NAME DEKLEINE, JOHN C					HIC 4Q52PV4CY22	ACNT 6771LMD642				ICN 1925171487530	ASG Y	MOA MA01	MA15	
1013940584	0522	052225	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15	119.41	
1013940584	0522	052225	11	1	99397 25		341.00	0.00	0.00	0.00	CO-253	2.44		
1013940584	0522	052225	11	1	G0136	REM: N130	65.00	0.00	0.00	0.00	PR-96	341.00	0.00	
1013940584	0522	052225	11	1	G0446 XU		65.00	0.00	0.00	0.00	CO-B13	65.00	0.00	
1013940584	0522	052225	11	1	36415	REM: M25 N362	20.00	0.00	0.00	0.00	CO-119	65.00	0.00	
1013940584	0522	052225	11	1	G2211		25.00	0.00	0.00	0.00	CO-B13	20.00	0.00	
1013940584	0522	052225	11	1	G8510	REM: N390	0.00	0.00	0.00	0.00	CO-234	25.00	0.00	
1013940584	0522	052225	11	1	G9622	REM: N620	0.00	0.00	0.00	0.00				0.00
1013940584	0522	052225	11	1	1036F	REM: N620	0.00	0.00	0.00	0.00				0.00
1013940584	0522	052225	11	1	36415	REM: N620	20.00	0.00	0.00	0.00	CO-50	20.00	0.00	
1013940584	0522	052225	11	1	36415	REM: N130	20.00	0.00	0.00	0.00				0.00
PT RESP	341.00				CLAIM TOTALS		897.00	121.85	0.00	0.00		777.59	119.41	
ADJ TO TOTAL: PREV PD					INTEREST		0.00			LATE FILING CHARGE	0.00	NET	119.41	
STATUS CODE 1: Processed as Primary														



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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD	
NAME KONING, DOUGLAS J						HIC 3NU4N49XE07	ACNT 6933LMD642			ICN 1825171675770	ASG Y	MOA	MA01	MA18	MA15
1013940584	0612	061225	11	1	99213	25		146.00	85.63	0.00	17.13	CO-45	60.37	67.13	
1013940584	0612	061225	11	1	G0446	XU		65.00	30.94	0.00	0.00	CO-253	1.37		
												CO-45	34.06	30.32	
1013940584	0612	061225	11	1	G0537			25.00	17.40	0.00	3.48	CO-253	0.62		
												CO-45	7.60	13.64	
1013940584	0612	061225	11	1	G0538			20.00	14.45	0.00	2.89	CO-253	0.28		
												CO-45	5.55	11.33	
1013940584	0612	061225	11	1	G2211			25.00	15.26	0.00	3.05	CO-253	0.23		
												CO-45	9.74	11.97	
1013940584	0612	061225	11	1	1036F			0.00	0.00	0.00	0.00	CO-253	0.24		
														0.00	
1013940584	0612	061225	11	1	2000F			0.00	0.00	0.00	0.00			0.00	
PT RESP	26.55						CLAIM TOTALS	281.00	163.68	0.00	26.55		120.06	134.39	
ADJ TO TOTAL: PREV PD							INTEREST	0.00					NET	134.39	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)															
CLAIM INFORMATION FORWARDED TO: AMERICAN CONTINENTAL INSU.															

NAME LEBLOND, PATRICIA						HIC 7H63Y83GD87	ACNT 7012LMD642			ICN 1825174885740	ASG Y	MOA	MA01	MA18	MA15
1306898036	0617	061725	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41	
												CO-253	2.44		
1306898036	0617	061725	11	1	99497	25		132.00	77.66	0.00	15.53	CO-45	54.34	60.89	
												CO-253	1.24		
1306898036	0617	061725	11	1	G2211			25.00	0.00	0.00	0.00	CO-234	25.00	0.00	
1306898036	0617	061725	11	1	G0136	33		65.00	17.40	0.00	0.00	CO-45	47.60	17.05	
												CO-253	0.35		
1306898036	0617	061725	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91	
												CO-253	0.18		
1306898036	0617	061725	11	1	G0442	XU		43.00	16.22	0.00	0.00	CO-45	26.78	15.90	
												CO-253	0.32		
1306898036	0617	061725	11	1	G0444	XU		91.00	16.22	0.00	0.00	CO-45	74.78	15.90	
												CO-253	0.32		
1306898036	0617	061725	11	1	G0446	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32	
												CO-253	0.62		
1306898036	0617	061725	11	1	G0557			94.10	47.05	0.00	9.41	CO-45	47.05	36.89	
												CO-253	0.75		
1306898036	0617	061725	11	1	G8510			0.00	0.00	0.00	0.00			0.00	
1306898036	0617	061725	11	1	0513F			0.00	0.00	0.00	0.00			0.00	
1306898036	0617	061725	11	1	G8420			0.00	0.00	0.00	0.00			0.00	
1306898036	0617	061725	11	1	G9622			0.00	0.00	0.00	0.00			0.00	
1306898036	0617	061725	11	1	1036F			0.00	0.00	0.00	0.00			0.00	
1306898036	0617	061725	11	1	2000F			0.00	0.00	0.00	0.00			0.00	
PT RESP	24.94						CLAIM TOTALS	896.10	336.43	0.00	24.94		565.89	305.27	
ADJ TO TOTAL: PREV PD							INTEREST	0.00					NET	305.27	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)															
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI															

NAME MINER, EDWARD B						HIC 3RH1KP7NJ12	ACNT 7094LMD642			ICN 1825174904750	ASG Y	MOA	MA01	MA18	MA15
1013940584	0527	052725	11	1	99213			146.00	85.63	0.00	17.13	CO-45	60.37	67.13	
												CO-253	1.37		
1013940584	0527	052725	11	1	G2211			25.00	15.26	0.00	3.05	CO-45	9.74	11.97	
												CO-253	0.24		
1013940584	0527	052725	11	1	0513F			0.00	0.00	0.00	0.00			0.00	
PT RESP	20.18						CLAIM TOTALS	171.00	100.89	0.00	20.18		71.72	79.10	
ADJ TO TOTAL: PREV PD							INTEREST	0.00					NET	79.10	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)															
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP															



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REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	SNYDER, SUSAN V					HIC	8WN7JG1XY47	ACNT	6986LMD642		ICN	1925171487580	ASG	Y
1306898036	0616	061625	11	1	99497	33		132.00	77.66	0.00	0.00	CO-45	54.34	76.11
1306898036	0616	061625	11	1	99214	25		241.68	120.84	0.00	24.17	CO-253	1.55	
1306898036	0616	061625	11	1	G8476			0.00	0.00	0.00	0.00	CO-45	120.84	94.74
1306898036	0616	061625	11	1	G0439		REM: N620	361.00	121.85	0.00	0.00	CO-253	1.93	0.00
1306898036	0616	061625	11	1	G2211			25.00	15.26	0.00	3.05	CO-45	239.15	119.41
1306898036	0616	061625	11	1	G0136	33		65.00	17.40	0.00	0.00	CO-253	2.44	
1306898036	0616	061625	11	1	36415			20.00	9.09	0.00	0.00	CO-45	9.74	11.97
1306898036	0616	061625	11	1	G0444	XU		91.00	16.22	0.00	0.00	CO-253	0.24	
1306898036	0616	061625	11	1	G0442	XU		43.00	16.22	0.00	0.00	CO-45	47.60	17.05
1306898036	0616	061625	11	1	G0446	XU		65.00	30.94	0.00	0.00	CO-253	0.35	
1306898036	0616	061625	11	1	G0557			94.10	47.05	0.00	9.41	CO-45	10.91	8.91
1306898036	0616	061625	11	1	2000F			0.00	0.00	0.00	0.00	CO-253	0.18	
PT RESP	36.63						REM: N620	1137.78	472.53	0.00	36.63	CO-45	74.78	15.90
ADJ TO TOTAL: PREV PD							CLAIM TOTALS	0.00				CO-253	0.32	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)							INTEREST					CO-45	26.78	15.90
CLAIM INFORMATION FORWARDED TO: HUMANA INC.												CO-253	0.32	

NAME	THORNTON, CLAUDIA M					HIC	8E46V61RK51	ACNT	6962LMD642		ICN	1825171675920	ASG	Y
1306898036	0613	061325	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
1306898036	0613	061325	11	1	99497	33		132.00	77.66	0.00	0.00	CO-253	2.44	
1306898036	0613	061325	11	1	99214	25		241.68	120.84	120.84	0.00	CO-45	54.34	76.11
1306898036	0613	061325	11	1	36415			20.00	9.09	0.00	0.00	CO-253	1.55	
1306898036	0613	061325	11	1	G2211			25.00	15.26	15.26	0.00	CO-45	120.84	0.00
1306898036	0613	061325	11	1	G0136	33		65.00	17.40	0.00	0.00	CO-45	10.91	8.91
1306898036	0613	061325	11	1	G0444	XU		91.00	16.22	0.00	0.00	CO-253	0.18	
1306898036	0613	061325	11	1	G0442	XU		43.00	16.22	0.00	0.00	CO-45	9.74	0.00
1306898036	0613	061325	11	1	G8510			0.00	0.00	0.00	0.00	CO-253	47.60	17.05
1306898036	0613	061325	11	1	G8476		REM: N620	0.00	0.00	0.00	0.00	CO-45	0.35	
1306898036	0613	061325	11	1	G8420		REM: N620	0.00	0.00	0.00	0.00	CO-45	74.78	15.90
1306898036	0613	061325	11	1	G9622		REM: N620	0.00	0.00	0.00	0.00	CO-253	0.32	
1306898036	0613	061325	11	1	2000F		REM: N620	0.00	0.00	0.00	0.00	CO-45	26.78	15.90
1306898036	0613	061325	11	1	G0556		REM: N620	29.48	14.74	14.74	0.00	CO-45	0.32	
PT RESP	150.84						CLAIM TOTALS	1008.16	409.28	150.84	0.00	CO-45	14.74	0.00
ADJ TO TOTAL: PREV PD							INTEREST	0.00				CO-45	604.04	253.28
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												CO-45	0.32	
CLAIM INFORMATION FORWARDED TO: HUMANA INC.												CO-45	0.32	



REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME THORNTON, MITCHELL A							HIC 7A78FQ8RC66	ACNT 6951LMD642	ICN 1825171675840	ASG Y	MOA	MA01 MA15	
1306898036	0613	061325	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15	119.41
											CO-253	2.44	
1306898036	0613	061325	11	1	99497	33	132.00	77.66	0.00	0.00	CO-45	54.34	76.11
											CO-253	1.55	
1306898036	0613	061325	11	1	99214	25	241.68	120.84	120.84	0.00	CO-45	120.84	0.00
1306898036	0613	061325	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-45	47.60	17.05
											CO-253	0.35	
1306898036	0613	061325	11	1	G2211		25.00	15.26	15.26	0.00	CO-45	9.74	0.00
1306898036	0613	061325	11	1	G0444	XU	91.00	16.22	0.00	0.00	CO-45	74.78	15.90
											CO-253	0.32	
1306898036	0613	061325	11	1	G0442	XU	43.00	16.22	0.00	0.00	CO-45	26.78	15.90
											CO-253	0.32	
1306898036	0613	061325	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-253	0.62	
1306898036	0613	061325	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
											CO-253	0.18	
1306898036	0613	061325	11	1	G0557		94.10	47.05	20.01	5.41	CO-45	47.05	21.20
											CO-253	0.43	
1306898036	0613	061325	11	1	G8510		0.00	0.00	0.00	0.00			0.00
							REM: N620						
1306898036	0613	061325	11	1	2000F		0.00	0.00	0.00	0.00			0.00
							REM: N620						
PT RESP	161.52				CLAIM TOTALS		1137.78	472.53	156.11	5.41		671.46	304.80
ADJ TO TOTAL: PREV PD							INTEREST	0.00	LATE FILING	CHARGE	0.00	NET	304.80
STATUS CODE 1: Processed as Primary													

NAME VANHAITSMA, NANCY K	HIC 1CX7A05AX74	ACNT 6981LMD642	ICN 1925171487560	ASG Y	MOA	MA01	MA18	MA15					
1013940584	0616	061625	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15	119.41
											CO-253	2.44	
1013940584	0616	061625	11	1	99397	25	341.00	0.00	0.00	0.00	PR-96	341.00	0.00
					REM: N130								
1013940584	0616	061625	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-45	47.60	17.05
											CO-253	0.35	
1013940584	0616	061625	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00	0.00
					REM: N390								
1013940584	0616	061625	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92	5.66
											CO-253	0.12	
1013940584	0616	061625	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67	5.08
											CO-253	0.10	
1013940584	0616	061625	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-45	13.78	15.90
											CO-253	0.32	
1013940584	0616	061625	11	1	G0444	XU	29.45	16.22	0.00	0.00	CO-45	13.23	15.90
											CO-253	0.32	
1013940584	0616	061625	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-253	0.62	
1013940584	0616	061625	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
											CO-253	0.18	
1013940584	0616	061625	11	1	G9622		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1013940584	0616	061625	11	1	G8431		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1013940584	0616	061625	11	1	1036F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
PT RESP	341.00				CLAIM TOTALS		969.00	222.68	0.00	0.00		750.77	218.23
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	218.23
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: HEALTH ALLIANCE PLAN													

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	10	7097.48	2624.23	306.95	176.77	4515.99	2097.77	0.00	2097.77

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

CO-119 Benefit maximum for this time period or occurrence has been reached.

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.

CO-50 These are non-covered services because this is not deemed a 'medical necessity' by the payer.

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

M25 The information furnished does not substantiate the need for this level of service. If you believe the service should have been fully covered as billed, or if you did not know and could not reasonably have been expected to know that we would not pay for this level of service, or if you notified the patient in writing in advance that we would not pay for this level of service and he / she agreed in writing to pay, ask us to review your claim within 120 days of the date of this notice. If you do not request a appeal, we will, upon application from the patient, reimburse him / her for the amount you have



WPS GH4 - MAC J8 MI PART B

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collected from him / her in excess of any deductible and coinsurance amounts. We will recover the reimbursement from you as an overpayment.

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.

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.

N362 The number of Days or Units of Service exceeds our acceptable maximum.

N390 This service / report cannot be billed separately.

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

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

PR-1 Deductible Amount

PR-2 Coinsurance Amount

PR-96 Non-covered charge(s).

