

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: 2025-07-21  
NONPAY #: 393703815  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME BAXTER, PATRICIA E			HIC	8N24TG1MW08	ACNT	7231LMD642				ICN 1825197653574	ASG Y	MOA MA15	
1306898036	0701	070125	11	1	3074F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
1306898036	0701	070125	11	1	3078F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
1306898036	0701	070125	11	1	4004F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
PT RESP		0.00			CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary													

NAME HANSEN, DEBRA R			HIC	1PV6X96DW72	ACNT	7472LMD642				ICN 1825197653614	ASG Y	MOA MA15	
1013940584	0708	070825	11	1	3074F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
1013940584	0708	070825	11	1	1158F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
1013940584	0708	070825	11	1	3078F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
1013940584	0708	070825	11	1	3078F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
PT RESP		0.00			CLAIM TOTALS		0.00	0.00	0.00	0.00		0.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary													

NAME WEAVER, REBECCA L			HIC	3G58QM6DM63	ACNT	7438LMD642				ICN 1825196642844	ASG Y	MOA MA15	
1306898036	0714	071425	11	1	G0446 25		65.00	0.00	0.00	0.00	CO-16	65.00	0.00
					REM: M20 MA130								
1306898036	0714	071425	11	1	3074F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
1306898036	0714	071425	11	1	3078F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
1306898036	0714	071425	11	1	3060F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
1306898036	0714	071425	11	1	3044F		0.00	0.00	0.00	0.00			0.00
					REM: N517 MA130								
PT RESP		0.00			CLAIM TOTALS		65.00	0.00	0.00	0.00		65.00	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary													

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	65.00	0.00	0.00	0.00	65.00	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.

M20 Missing / incomplete / invalid HCPCS.

MA130 Your claim contains incomplete and / or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete / correct information.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

N517 Resubmit a new claim with the requested information.

