

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: 2025-04-15
EFT #: 899101870
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	VANDAM, CHERYL					HIC 2PC1PE4PD11	ACNT	5567LMD642			ICN 1825091636530	ASG Y	MOA	MA01 N89 MA18 MA1
1306898036	0331	033125	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
1306898036	0331	033125	11	1	99397 25			341.00	0.00	0.00	0.00	CO-253	2.44	
					REM: N130							PR-96	341.00	0.00
1306898036	0331	033125	11	1	99497 33			132.00	77.66	0.00	0.00	CO-45	54.34	76.11
												CO-253	1.55	
1306898036	0331	033125	11	1	G2211			25.00	0.00	0.00	0.00	CO-234	25.00	0.00
					REM: N390									
1306898036	0331	033125	11	1	90677			330.00	298.04	0.00	0.00	CO-45	31.96	292.08
												CO-253	5.96	
1306898036	0331	033125	11	1	G0009			50.00	32.60	0.00	0.00	CO-45	17.40	31.95
												CO-253	0.65	
1306898036	0331	033125	11	1	82570 QW			17.85	5.18	0.00	0.00	CO-45	12.67	5.08
												CO-253	0.10	
1306898036	0331	033125	11	1	82043 QW			14.70	5.78	0.00	0.00	CO-45	8.92	5.66
												CO-253	0.12	
1306898036	0331	033125	11	1	G0447 XU			65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-253	0.62	
1306898036	0331	033125	11	1	99401 33			65.00	0.00	0.00	0.00	PR-96	65.00	0.00
					REM: N130									
1306898036	0331	033125	11	1	G0446 XU			61.88	30.94	0.00	0.00	CO-45	30.94	30.32
												CO-253	0.62	
1306898036	0331	033125	11	1	G0442 XU			30.00	16.22	0.00	0.00	CO-45	13.78	15.90
												CO-253	0.32	
1306898036	0331	033125	11	1	G0444 XU			29.45	16.22	0.00	0.00	CO-45	13.23	15.90
												CO-253	0.32	
1306898036	0331	033125	11	1	G9622			0.00	0.00	0.00	0.00			0.00
					REM: N620									
1306898036	0331	033125	11	1	G8510			0.00	0.00	0.00	0.00			0.00
					REM: N620									
1306898036	0331	033125	11	1	1036F			0.00	0.00	0.00	0.00			0.00
					REM: N620									
PT RESP	406.00				CLAIM TOTALS			1522.88	635.43	0.00	0.00		900.15	622.73
ADJ TO TOTAL: PREV PD					INTEREST			0.00					NET	622.73
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI														

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	1522.88	635.43	0.00	0.00	900.15	622.73	0.00	622.73

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.

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.

N390 This service / report cannot be billed separately.

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

N89 Alert: Payment information for this claim has been forwarded to more than one other payer, but format limitations permit only one of the secondary payers to be identified in this remittance advice.

PR-96 Non-covered charge(s).

