

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 3  
DATE: 2025-04-22  
NONPAY #: 393527347  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BOERSMA, SHARON M			HIC 5WR2M19VR05		ACNT 5901LMD642		ICN 1825107678812		ASG Y		MOA MA15	
1013940584	0415	041525	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	11	1	1000F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1013940584	0415	041525	11	1	1160F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
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 KLUGIEWICZ, PHYLLIS			HIC 6Q57HU8AT30		ACNT 5680LMD642		ICN 1825098655492		ASG Y		MOA MA15	
1013940584	0407	040725	11	1	3075F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	11	1	3008F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	11	1	2001F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	11	1	1000F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	11	1	1159F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1013940584	0407	040725	11	1	1160F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
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 MAYS, LINDA S			HIC 9KA7DM6WT63		ACNT 5662LMD642		ICN 1825098655452		ASG Y		MOA MA15	
1306898036	0404	040425	11	1	3075F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1306898036	0404	040425	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
1306898036	0404	040425	11	1	3060F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130	0.00	0.00	0.00	0.00		0.00
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												



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PAGE #: 2 of 3

REMITTANCE  
ADVICE  
DATE: 2025-04-22

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	MCINTYRE, FREDERICK C	HIC	9WK4VY4FW83	ACNT	5885LMD642	ICN	1825107678750	ASG	Y	MOA	MA01	MA15		
1306898036	0416	041625	11	1	G0439	361.00	0.00	0.00	0.00	CO-24	361.00	0.00		
1306898036	0416	041625	11	1	G0136 XU	34.80	0.00	0.00	0.00	CO-24	34.80	0.00		
1306898036	0416	041625	11	1	99397 25	341.00	0.00	0.00	0.00	PR-96	341.00	0.00		
					REM: N130									
1306898036	0416	041625	11	1	99497 33	132.00	0.00	0.00	0.00	CO-24	132.00	0.00		
1306898036	0416	041625	11	1	36415	20.00	0.00	0.00	0.00	CO-24	20.00	0.00		
1306898036	0416	041625	11	1	G2211	25.00	0.00	0.00	0.00	CO-24	25.00	0.00		
1306898036	0416	041625	11	1	G0444 XU	91.00	0.00	0.00	0.00	CO-24	91.00	0.00		
1306898036	0416	041625	11	1	G0442 XU	43.00	0.00	0.00	0.00	CO-24	43.00	0.00		
1306898036	0416	041625	11	1	G0446 XU	30.00	0.00	0.00	0.00	CO-24	30.00	0.00		
1306898036	0416	041625	11	1	0513F	0.00	0.00	0.00	0.00			0.00		
					REM: N620									
1306898036	0416	041625	11	1	G9622	0.00	0.00	0.00	0.00					0.00
					REM: N620									
1306898036	0416	041625	11	1	2000F	0.00	0.00	0.00	0.00					0.00
					REM: N620									
PT RESP	341.00				CLAIM TOTALS	1077.80	0.00	0.00	0.00		1077.80	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	SELDERS, JERILYN M	HIC	3Q05T51CE72	ACNT	5701LMD642	ICN	1825098655582	ASG	Y	MOA	MA15			
1306898036	0407	040725	11	1	3074F	0.00	0.00	0.00	0.00					0.00
					REM: N517 MA130									
1306898036	0407	040725	11	1	3078F	0.00	0.00	0.00	0.00					0.00
					REM: N517 MA130									
1306898036	0407	040725	11	1	3008F	0.00	0.00	0.00	0.00					0.00
					REM: N517 MA130									
1306898036	0407	040725	11	1	2001F	0.00	0.00	0.00	0.00					0.00
					REM: N517 MA130									
1306898036	0407	040725	11	1	1000F	0.00	0.00	0.00	0.00					0.00
					REM: N517 MA130									
1306898036	0407	040725	11	1	1159F	0.00	0.00	0.00	0.00					0.00
					REM: N517 MA130									
1306898036	0407	040725	11	1	1160F	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	THORNTON, MITCHELL A	HIC	7A78FQ8RC66	ACNT	5578LMD642	ICN	1825091636600	ASG	Y	MOA	MA01	MA15		
1306898036	0401	040125	11	1	99213	146.00	85.63	85.63	0.00	CO-45	60.37	0.00		
1306898036	0401	040125	11	1	G2211	25.00	15.26	15.26	0.00	CO-45	9.74	0.00		
1306898036	0401	040125	11	1	2000F	0.00	0.00	0.00	0.00					0.00
					REM: N620									
PT RESP	100.89				CLAIM TOTALS	171.00	100.89	100.89	0.00		70.11	0.00		
ADJ TO TOTAL: PREV PD					INTEREST	0.00				LATE FILING CHARGE	0.00	NET		0.00
STATUS CODE 1: Processed as Primary														
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP														

NAME	ZOMBERG, BERNADETT A	HIC	4PC2YA9GG85	ACNT	5806LMD642	ICN	1825105653050	ASG	Y	MOA	MA01	MA18	MA15	
1013940584	0409	040925	11	1	99213	146.00	85.63	85.63	0.00	CO-45	60.37	0.00		
1013940584	0409	040925	11	1	G2211	25.00	15.26	15.26	0.00	CO-45	9.74	0.00		
PT RESP	100.89				CLAIM TOTALS	171.00	100.89	100.89	0.00		70.11	0.00		
ADJ TO TOTAL: PREV PD					INTEREST	0.00				LATE FILING CHARGE	0.00	NET		0.00
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP														

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	7	1419.80	201.78	201.78	0.00	1218.02	0.00	0.00	0.00
GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES									
CO-24	Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.								
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.								
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.								
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.								
N517	Resubmit a new claim with the requested information.								



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NONPAY #: 393527347

PAGE #: 3 of 3

DATE: 2025-04-22

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

PR-1 Deductible Amount

PR-96 Non-covered charge(s).

