

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 2
DATE: 2025-03-28
NONPAY #: 393479383
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME COOLEY, PHILIP B			HIC 9F82QV4CU11		ACNT 5431LMD642		ICN 1825084612062			ASG Y		MOA MA15	
1306898036	0324	032425	11	1	3074F		0.00	0.00	0.00	0.00			0.00
							REM: N517 MA130						
1306898036	0324	032425	11	1	3078F		0.00	0.00	0.00	0.00			0.00
							REM: N517 MA130						
1306898036	0324	032425	11	1	3008F		0.00	0.00	0.00	0.00			0.00
							REM: N517 MA130						
1306898036	0324	032425	11	1	2001F		0.00	0.00	0.00	0.00			0.00
							REM: N517 MA130						
1306898036	0324	032425	11	1	1000F		0.00	0.00	0.00	0.00			0.00
							REM: N517 MA130						
1306898036	0324	032425	11	1	1159F		0.00	0.00	0.00	0.00			0.00
							REM: N517 MA130						
1306898036	0324	032425	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 CROSS, RHONDA			HIC 4N34VY7GD83		ACNT 4827LMD642		ICN 1825084628790			ASG Y		MOA MA01 MA15	
1306898036	0217	021725	11	1	99214		219.00	0.00	0.00	0.00	CO-24	219.00	0.00
1306898036	0217	021725	11	1	G2211		25.00	0.00	0.00	0.00	CO-24	25.00	0.00
1306898036	0217	021725	11	1	2000F		0.00	0.00	0.00	0.00			0.00
							REM: N620						
PT RESP		0.00	CLAIM		TOTALS		244.00	0.00	0.00	0.00		244.00	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 DYKSTRA, DEBORAH A			HIC 8XF7XE3XU48		ACNT 5194LMD642		ICN 1825084280060			ASG Y		MOA MA01 MA15	
1013940584	0311	031125	11	1	G0439		361.00	0.00	0.00	0.00	CO-B13	361.00	0.00
1013940584	0311	031125	11	1	99215 25		295.00	0.00	0.00	0.00	CO-B13	295.00	0.00
1013940584	0311	031125	11	1	99406 25		27.06	0.00	0.00	0.00	CO-B13	27.06	0.00
1013940584	0311	031125	11	1	36415		20.00	0.00	0.00	0.00	CO-B13	20.00	0.00
1013940584	0311	031125	11	1	82043 QW		14.70	0.00	0.00	0.00	CO-B13	14.70	0.00
1013940584	0311	031125	11	1	82570 QW		17.85	0.00	0.00	0.00	CO-B13	17.85	0.00
1013940584	0311	031125	11	1	G0442 XU		30.00	0.00	0.00	0.00	CO-151	30.00	0.00
							REM: MA01						
1013940584	0311	031125	11	1	G0444 XU		29.45	0.00	0.00	0.00	CO-151	29.45	0.00
							REM: MA01						
1013940584	0311	031125	11	1	G2211		25.00	0.00	0.00	0.00	CO-B13	25.00	0.00
1013940584	0311	031125	11	1	G9621		0.00	0.00	0.00	0.00			0.00
							REM: N620						
1013940584	0311	031125	11	1	G8510		0.00	0.00	0.00	0.00			0.00
							REM: N620						
PT RESP		0.00	CLAIM		TOTALS		820.06	0.00	0.00	0.00		820.06	0.00
ADJ TO TOTAL: PREV PD				INTEREST		0.00		LATE FILING	CHARGE		0.00	NET	0.00
STATUS CODE 1: Processed as Primary													



WPS GHA - MAC J8 MI PART B
NPI #: 1982923660
NONPAY #: 393479383

TIMOTHY J. TOBOLIC, MD, PLLC
PAGE #: 2 of 2

REMITTANCE
ADVICE
DATE: 2025-03-28

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME DYKSTRA, DEBORAH A				HIC	8XF7XE3XU48	ACNT	5194LMD642			ICN	1825084612040	ASG Y	MOA	MA01 MA15
1013940584	0311	031125	11	1	G0439			361.00	0.00	0.00	0.00	CO-B13	361.00	0.00
1013940584	0311	031125	11	1	99215	25		295.00	0.00	0.00	0.00	CO-B13	295.00	0.00
1013940584	0311	031125	11	1	99406			27.06	0.00	0.00	0.00	CO-B13	27.06	0.00
1013940584	0311	031125	11	1	36415			20.00	0.00	0.00	0.00	CO-B13	20.00	0.00
1013940584	0311	031125	11	1	82043	QW		14.70	0.00	0.00	0.00	CO-B13	14.70	0.00
1013940584	0311	031125	11	1	82570	QW		17.85	0.00	0.00	0.00	CO-B13	17.85	0.00
1013940584	0311	031125	11	1	G0442	XU		30.00	0.00	0.00	0.00	CO-151	30.00	0.00
REM: MA01														
1013940584	0311	031125	11	1	G0444	XU		29.45	0.00	0.00	0.00	CO-151	29.45	0.00
REM: MA01														
1013940584	0311	031125	11	1	G2211			25.00	0.00	0.00	0.00	CO-B13	25.00	0.00
1013940584	0311	031125	11	1	G9621			0.00	0.00	0.00	0.00			0.00
REM: N620														
1013940584	0311	031125	11	1	G8510			0.00	0.00	0.00	0.00			0.00
REM: N620														
PT RESP		0.00		CLAIM TOTALS				820.06	0.00	0.00	0.00		820.06	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 GODLEY, TAYLOR				HIC	7DX7YV0XJ34	ACNT	5267LMD642	ICN 1825084280122				ASG Y	MOA	MA15
1306898036	0314	031425	11	1	3074F		0.00	0.00	0.00	0.00			0.00	
				REM: N517 MA130										
1306898036	0314	031425	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 STITZEL, JOHN M				HIC	6XH7CJ9HP46	ACNT	5451LMD642	ICN 1825084612082				ASG Y	MOA	MA15
1013940584	0325	032525	11	1	3074F		0.00	0.00	0.00	0.00			0.00	
				REM: N517 MA130										
1013940584	0325	032525	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		
ADJ TO TOTAL: PREV PD				INTEREST				0.00	LATE FILING CHARGE		0.00	NET	0.00	
STATUS CODE 1: Processed as Primary														

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	6	1884.12	0.00	0.00	0.00	1884.12	0.00	0.00	0.00

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

CO-151	Payment adjusted because the payer deems the information submitted does not support this many services.
CO-24	Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.
CO-B13	Previously paid. Payment for this claim / service may have been provided in a previous payment.
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.
N517	Resubmit a new claim with the requested information.
N620	Alert: This procedure code is for quality reporting / informational purposes only.

