

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: 2025-04-01
NONPAY #: 393485693
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DEKLEINE, JOHN C					HIC 4Q52PV4CY22	ACNT 5500LMD642			ICN 1825086527812		ASG Y MOA MA15	
1013940584	0327	032725	11	1	3008F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0327	032725	11	1	2001F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0327	032725	11	1	1000F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0327	032725	11	1	1159F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0327	032725	11	1	1160F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0327	032725	11	1	3008F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0327	032725	11	1	2001F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0327	032725	11	1	1000F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0327	032725	11	1	1159F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1013940584	0327	032725	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	0.00
STATUS CODE 1: Processed as Primary												

NAME SOTTOVIA, STEVEN T					HIC 6JQ6W19MC62	ACNT 4882LMD642			ICN 1925090031082		ASG Y MOA MA15	
1306898036	0219	021925	11	1	99406 33		27.06	0.00	0.00	0.00	CO-16 27.06	0.00
					REM: M20 MA130							
1306898036	0219	021925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1306898036	0219	021925	11	1	3074F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1306898036	0219	021925	11	1	3078F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
1306898036	0219	021925	11	1	4004F		0.00	0.00	0.00	0.00		0.00
					REM: N517 MA130							
PT RESP		0.00			CLAIM TOTALS		27.06	0.00	0.00	0.00	27.06	0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	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
	2	27.06	0.00	0.00	0.00	27.06	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.

